DOCUMENT RESUME

ED 332 424 EC 300 286

AUTHOR Rider, Mary Elizabeth; Mason, James L.
TITLE Issues in Culturally Competent Service Delivery: An Annotated Bibliography. Minority Cultural Initiative Project.
INSTITUTION Portland State Univ., OR. Research and Training Center on Family Support and Children's Mental Health.
SPONS AGENCY National Inst. of Mental Health (DHHS), Rockville, MD.; National Inst. on Disability and Rehabilitation Research (ED/OSERS), Washington, DC.
PUB DATE Aug 90
CONTRACT G0087C0222-88
NOTE 83p.
PUB TYPE Reference Materials - Bibliographies (131)

EDRS PRICE MF01/PC04 Plus Postage.
DESCRIPTORS American Indians; Asian Americans; Black Youth; Children; Cultural Context; Cultural Differences; *Cultural Influences; Cultural Pluralism; *Delivery Systems; *Emotional Disturbances; Hispanic Americans; *Minority Groups; Pacific Americans; Social Services; Theory Practice Relationship; Youth
IDENTIFIERS African Americans; Latinos; Native Americans; Pacific Islanders

ABSTRACT

This annotated bibliography was developed as a part of the Minority Cultural Initiative Project to help explore the issue of culturally competent service delivery to children and youth with emotional disabilities and their families. The review was limited to contemporary perspectives spanning the last three decades and covering communities or groups of color within the United States. It is an attempt to present theoretical perspectives regarding culturally appropriate service delivery and to show practice applications of theory and research. The bibliography is divided into a section of approximately 50 entries addressing multicultural issues and four sections addressing culturally specific areas: African-American (20 entries); Asian-American/Pacific Islander (six entries); Hispanic-Latino American (13 entries); and Native American (39 entries). The annotations offer a blend of both cognitive and behavioral dimensions. Author and subject indexes are provided. (JDD)

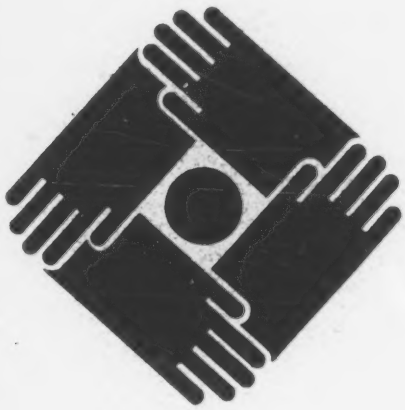
****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
This document has been reproduced as received from the person or organization originating it.
Minor changes have been made to improve reproduction quality.
Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

ED332424

Issues in Culturally Competent Service Delivery

An Annotated Bibliography



Minority Cultural Initiative Project
Research and Training Center on Family Support
and Children's Mental Health
Portland State University

BEST COPY AVAILABLE

EC 300286

Issues in Culturally Competent Service Delivery

An Annotated Bibliography

Prepared by:

Mary Elizabeth Rider, M.S.W.
James L. Mason, Project Manager

Research and Training Center on Family Support
and Children's Mental Health
Regional Research Institute for Human Services
Graduate School of Social Work
Portland State University
P.O. Box 751
Portland, Oregon 97207-0751
(503) 725-4040

August 1990

The recommended citation for this publication is:

Rider, M.E. & Mason, J.L. (1990). *Issues in Culturally Competent Service Delivery. An Annotated Bibliography.* Portland, OR: Portland State University, Research and Training Center on Family Support and Children's Mental Health.

This publication was developed with funding from the National Institute on Disability and Rehabilitation Research, United States Department of Education, and the National Institute of Mental Health, United States Department of Health and Human Services (NIDRR grant number G0087C0222-88). The content of this publication does not necessarily reflect the views or policies of the funding agencies.

ACKNOWLEDGEMENTS

This document was developed with support of several key individuals and organizations. The Child and Adolescent Service System Program (CASSP), the National Institute of Mental Health, and the National Institute on Disability and Rehabilitation Research must be acknowledged for their support and leadership in this area. Closer to home, project staff and associates must be recognized for their willingness to review and edit the article abstracts. The Portland State University Library staff who helped in the retrieval of more arcane literature must be commended for their efforts. Of course this effort was not possible without the leadership and wisdom of Barbara J. Friesen, Ph.D., director of the Portland Research and Training Center, and Richard H. Dana, Ph.D., principal investigator of the Minority Cultural Initiative Project.

TABLE OF CONTENTS

Introduction 1

Multicultural Issues 3

Culture Specific: African-American 29

Culture Specific: Asian-American/Pacific Islander 41

Culture Specific: Hispanic-Latino American 47

Culture Specific: Native American 55

Subject Index 73

Author Index 79

INTRODUCTION

This annotated bibliography was developed as a part of the Minority Cultural Initiative Project to help explore the issue of culturally competent[1] service delivery to children and youth with emotional disabilities and their families. The review was limited to contemporary perspectives spanning the last three decades and covering communities or groups of color within the United States. It is an attempt to present theoretical perspectives regarding culturally-appropriate service delivery and to show practice applications of theory and research.

This document is divided into five distinct sections--one that addresses multicultural issues and four that address culturally-specific issues. The multicultural section identifies issues that are more generic (i.e., that are applicable to more than one group), while the culturally-specific sections address issues relevant to specific groups. Bear in mind that it may be possible to be culturally appropriate, or apply multicultural or culturally specific information to a group for which it was not specifically intended. We made a special effort to locate research literature; such material is designated by an asterisk (*) preceding the reference.

While the literature reviewed has been categorized as suggested above, this bibliography has been indexed to enhance its utility. There is a subject index that contains such entries as: day treatment, developmental disabilities, ethnocentrism, help-seeking, and staff development. This bibliography also contains an author index.

Hopefully the annotations are a blend of both cognitive and behavioral dimensions, that suggest not only what the culturally competent professional should know about a given group, but also how such a professional applies such knowledge and uses such knowledge to direct one's behavior or interactions with social service consumers of color. It is also important to consider that in some communities, underserved populations may be minority in nature in terms of sexual orientation, religion, age, class, education, or language. Some annotations will be helpful in working with these groups as the issues of powerlessness, lower income, minority status, and underutilization of services may be operative in some instances.

The overarching caveat, however, is to recognize the often-overlooked diversity inherent within any given population. How culture is manifested in any specific group can be affected by such issues as, geography, class, education, levels of assimilation/acculturation, the rural-urban continuum, and other factors.

---

[1] Cultural competence (Cross, et al, 1989) is defined "as a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or amongst professionals and enables that system, agency, or those professionals to work effectively in cross-cultural situations" (p. iv).

Thus preparing an annotated bibliography that does justice to the four groups in accordance with the issues spelled out by the cultural competence model is at once ambitious and desperately important. Obviously, this bibliography is not exhaustive and will not address every issue. However, it can serve as a resource for understanding the model, directing the reader toward additional literature and, perhaps, for helping readers identify theorists, researchers, and other professionals with either multicultural or cultural specific knowledge. This document will have achieved its goal if it helps the reader to: (1) gain greater knowledge of different cultural groups; (2) develop a broader perspective of what the difference means in terms of making attitudes, practices, and policies more congruent with diverse cultures; and (3) stimulate or develop the commitment to further introspection and inquiry. Cultural competence is a developmental process; if this document facilitates such growth, then the effort has been quite rewarding and worthwhile.

James Mason, Project Manager
Minority Cultural Initiative
Research and Training Center on Family Support
and Children's Mental Health

Multicultural Issues

Multicultural

Angrosino, M.V. (1978). Applied anthropology and the concept of the underdog: Implications for community mental health planning and evaluation. *Community Mental Health Journal, 14*(4), 291-299.

Medical anthropologists have long been involved in health program evaluation and have studied factors related to program acceptance in target communities. However, assessing the reasons for the success or failure of a program should not be an end in itself, but a process that generates guidelines for program development and suggestions about the roles that applied anthropologists can fulfill. This paper briefly summarizes the research of an anthropological team that investigated the apparent failure of a respite home facility for children with mental retardation to generate requisite community support. The team was able to develop a series of recommendations in aid of a plan to establish such centers elsewhere in the county, and in the state of Florida as a whole. However, the paper is more broadly concerned with applied anthropological attempts to define the nature of target or client communities and delineating the appropriate anthropological perspective on health care delivery transactions. New roles for the anthropologist as evaluator are considered. (Author's abstract summarized)

The author suggests it is important to identify the cultures of the community to be served, and to enlist the help of community leaders in program development and evaluation. Failure to focus on or include local community perspectives in program design and implementation may mean the demise of the program.

Basu R., Basu, A., & Kesselman, M. (1978). Racism, classism, and welfare: A view from the bottom. *Catalyst, 1*(3), 24-35.

This article contains a description of the ways in which services can be configured to keep racial minorities in subordinate positions in the dominant society. This is accomplished in the training of service providers, the instructions that workers receive, the eligibility requirements for service, and the requirements made by workers of clients. The article suggests that change is likely to occur when a period of economic or social crisis proves services inadequate to meet the needs of the poor. Then oppressed minority populations will be more likely to coalesce in protest against both racism and classism.

*Biegel, D.E., Naparstek, A.J., & Khan, M.M. (1982). Social support and mental health in urban ethnic neighborhoods. In Biegel, D.E. & Naparstek, A.J. (Eds.), *Community Support Systems and Mental Health: Practice, Policy, and Research*, (pp. 21-36). New York: Springer Publishing Co.

The authors researched the relationship between social support and mental health in urban cultural communities. They explain that social support consists of three components: (1) direct support from other individuals, including family, friends, and co-workers; (2) indirect support from participation in groups; and (3) social adjustment support from the community at large. The authors theorized that support systems would differ based on socioeconomic, cultural, and demographic backgrounds and that the strength of support systems would affect mental health.

Overall, the research shows that some indicators of social support do correlate statistically with mental health. Marriage, supportive co-workers, work satisfaction, and neighborhood attachments all had a positive impact on mental health. Ethnic groups differed from non-ethnic groups in use of friends as social adjustment factors (work satisfaction, neighborhood as real home, loyalty to neighborhood, satisfaction with neighborhood, length of residence, and owning a home) as supports when under stress. By comparison, non-ethnic group members relied on their marriages, co-workers, participation in groups, and work satisfaction for support when under stress. Using multiple regression analysis, the researchers determined that neighborhood attachments had the most important effect on mental health status of ethnic, elderly, and low socioeconomic status groups regardless of stress level.

This research strongly suggests the development of social supports in ethnic, elderly, and low socioeconomic status neighborhoods and communities. This strategy may both increase client utilization and client access to resources, as agencies are able to work with neighborhoods and communities.

*Brown, P.A. (1978). Differential utilization of the health care delivery system by members of ethnic minorities. *Journal of Sociology and Social Welfare. 3*(5), 516-523.

Based on research in the 1970s, the author found that reasons for underutilization of health care delivery systems were different for Blacks, Mexican-Americans, and Native Americans. Middle class Blacks used health care systems at the same rate as middle class Whites. Poor Blacks increased system utilization when health care services were deliberately made available to them, but Mexican-Americans did not. This study showed that cultural factors may prevent health care system usage for Mexican-Americans. American Indians need enhanced living conditions to improve health care, rather than simply providing access to health care delivery systems.

This research concluded that poverty is a stronger determinant than culture in seeking health care.

Butcher, J.N. (undated). *Cross-cultural Psychological Assessment: Issues and Procedures for the Psychological Appraisal of Refugee Patients.* Minneapolis: Refugee Assistance Program-Mental Health, Technical Assistance Center, University of Minnesota.

The author addresses problems involved in psychological assessment of cultural minority and refugee clients. Part I summarizes factors influencing the choice of assessment instruments: (1) cultural differences in personality; (2) disparate expectations; (3) English language or communication difficulties; (4) differing educational and experience factors; (5) different conceptualizations about normality; (6) differing conceptualizations of the causes of problems; (7) differing ranking of problems; and (8) differing views of amelioration of psychological problems.

Part II is a description of procedures from the survey of psychological measurement literature. Part III contains a summary with the following recommendations for improving the quality of psychological assessment with refugees: (1) assure that the format of the test is relevant to the population being tested; (2) carefully evaluate

language translation of test materials; (3) use appropriately structured assessment tests when standard tests are not available; and (4) employ standard tests that are culturally relevant.

Part IV contains an index to the survey of psychological measurement literature, which may be used by agencies and clinicians to identify appropriate instruments for their client populations.

Campfens, H. (1981). Community practice related to ethnicity. *Social Development Issues*, (2-3), 74-89.

The reasons for the growing problems related to ethnicity and minority formations in Western industrialized nations, and the poor record of social work in responding to the ethnic condition are reviewed in the Introduction. The second and main part of the paper spells out criteria of cultural pluralism; ethnic-related problem formulations and responses; specific positive functions of the organized ethnic community; and factors to be considered in organizing and developing the ethnic community. Additional explanatory notes aim at greater specificity in the use of principal terms for guiding educational and practice developments. (Author's abstract)

The author discusses the reasons that problems of ethnic minority populations are becoming increasingly important in social work practice. The rise in birth rates of people of color around the world, the rise of ethnicity as a social force in the United States, and social and political conflicts in a time of economic hardship are all issues that affect the prominence of ethnic and racial inequities.

An adequate response to social problems calls for pluralistic solutions involving all levels of the social system, societal principals that respect ethnic identity, and a perspective that assumes cultural pluralism as a general social condition. The author notes the failure of social work practice to address the needs of ethnic minorities and their communities. He perceives that this failure is based on the ego psychology model, which historically has been found to be insensitive to ethnic differences. The author faults social planners for being assimilation-oriented towards ethnic groups. He presents a vision of a culturally pluralistic society, with three conditions: (1) relatively distinct and independent ethnic groups should be maintained within the larger social framework; (2) cultural groupings should mutually accommodate each other without dominance by any one group; and (3) different institutional systems for various ethnic groups should be permitted and actually supported.

Problems related to ethnicity should be viewed in the context of three social system levels: the personal and cultural dimensions of the individual, institutional access, and the general public and its institutions. Community organization and development should recognize these factors: (1) geographic dispersal of cultural groups; (2) different phases of immigration; (3) class structure within the culture; (4) social interaction patterns within the culture; (5) the size of the ethnic group; and (6) government funding practices related to ethnic community organization.

Agency philosophies should be examined carefully to assure relevance to the minority population they propose to serve. Acknowledging that many "traditional" methods of social service are not helpful to ethnic minorities may broaden agencies' methodological bases. Agencies may benefit from a specific vision of cultural pluralism.

Carrasquillo, A. (1986). The parent factor in teaching language skills to limited English proficient learning disabled students. In Willig, A.C. & Greenberg, H.F. (Eds.), *Bilingualism and Learning Disabilities: Policy and Practice for Teachers and Administrators*, (pp. 53-68). New York: American Library Publishing Co.

To initiate and maintain parental support, it is important for parents to feel a bond with the school and helpful in instructing their children. School staff members enhance these feelings by including parents in planned home activities to reinforce school instruction.

Parents need guidance and specific instructional ideas to be able to perform the role of reinforcers, particularly parents of language minority children. Teachers have to meet with parents or planned activities for them to follow with their children. These activities should encourage meaningful language interaction rather than emphasize remedial instruction. (Author's abstract summarized)

It may be helpful to adapt programs to include parent participation. This should enhance the effectiveness of treatment, to the mutual benefit of the client, parents, and agency.

Cohen, Y. (1984). Residential treatment as a holding environment. *Residential Group Care and Treatment, 2*(3), 33-43.

This article presents a residential treatment model for children who have emotional disorders which is quite different from typical residential programs in the U.S. The program design provides long-term, cross-cultural developmental skills, for children.

This type of care might be useful for minority children who are accustomed to a culturally diverse community environment. Although this model was designed for minority children with emotional disabilities, it may be adapted to integrate cultural elements into other residential programs. Certain aspects of the program appear applicable to minority children who have other disabilities or problems requiring residential treatment. The model also has implications for normalizing residential treatment centers to reflect the communities to which minority children will return.

Conner, R.F. (1988). A cross-cultural assessment of health promotion/disease prevention programs. *Evaluation and Program Planning, 11*(2), 179-187.

This paper presents a preliminary report on a study of current health promotion/disease prevention efforts outside of the United States. This research has involved visits over the past three years to a variety of health promotion programs in Eastern and Western Europe, Asia and the Asian subcontinent, and Central and South America. The main goal of this study was to develop new insights into the more and less effective ways to promote health and prevent illness and disease by understanding how other cultures conceive of and approach issues related to health, wellness and

illness. Another important goal was to analyze the ways in which these health promotion programs evaluated their effectiveness. The findings from the study demonstrated revealing differences in approaches to health promotion between Eastern and Western cultures and between developed and developing countries. In addition, there were important differences in epistemological approaches related to evaluation. (Author's abstract)

Cummins, J. (1986). Psychological assessment of minority students. In Willig, A.C. & Greenberg, H.F. (Eds.), *Bilingualism and Learning Disabilities: Policy and Practice for Teachers and Administrators*, (pp. 3-14). New York: American Library Publishing Co., Inc.

"...Discriminatory assessment of minority students is virtually inevitable when the process focuses exclusively on the student and ignores the societal context within which minority students develop and schools attempt to educate." (Author's abstract)

The author explains the ways in which standardized assessment procedures fail to sample culturally specific skills and knowledge and the ways in which children are penalized for demonstrating that knowledge.

Because psychological assessments are geared to the discovery of the student's problem, other causes are not sought. "Research point(s) to power relations between dominant and subordinate groups as a major contributor to minority students' academic difficulties." Research reviewed in this article also suggests that bilingualism enhances academic functioning when the home language is encouraged to develop. The author discusses the function of the label "learning disabled" for minority students and outlines the problems of defining learning disabilities. He suggests that the professional's task should be to point out the limitations and illegitimate uses of traditional assessments and to advocate for the child.

*Dew, N. (1984). The exceptional bilingual child: Demography. In Chinn, P.C. (Ed.), *Education of Culturally and Linguistically Different Exceptional Children*, (pp. 1-41). Reston, VA: ERIC Clearinghouse on Handicapped and Gifted Children.

This article may be highly useful to planners and administrators who wish to assess the needs, services, and progress of cultural minority clients. The article focuses on the irregularity and difficulties of diagnosis, particularly diagnosis of clients who use a language other than English. Issues include: the lack of ethnic or cultural separation within racial categories; the definition of terms such as Limited English Proficient (LEP) and the levels of proficiency in English and the native language; the training or knowledge base of assessors; the placement of clients into existing programs rather than developing programs to meet client needs; the inappropriate placement of clients into programs to maintain funding; placement of clients into programs to avoid stigma and/or family reactions; the use of programs as alternatives to diagnosis; geographic location of the client and rural/urban diagnostic distinctions; the existence of legal or community pressure; and the use of bilingual programs rather than remedial programs.

Multicultural

Ellsworth, C., Hooyman, N., Ruff, R.A., Stam, S.B., & Tucker, J.H. (1980). *Towards a Feminist Model of Planning for and with Women.* Seattle: unpublished paper.

Although this article focuses explicitly on women and social services, it closely parallels the concepts developed for working effectively with minorities and social services. Because the article is written from a feminist viewpoint, it may prove challenging to read. A substitution of words (such as "person of color" instead of "woman", "racist" or "ethnocentric" instead of "sexist", and "culturally competent" instead of "feminist") may make this article seem more relevant for those not familiar with feminist theory. The similarities between cultural competence and feminist models suggest that issues in developing service models for oppressed people may be generalized.

The authors describe a dichotomy between the expert and the client and the effect on service planning. They advocate for women to be involved in the planning process, as the best experts on themselves. Client participation will dramatically affect problem definition (for example, women have identified rape as a problem; Blacks have identified segregation as a problem).

Determination of causes, effects, and solutions will dramatically change with consumer self-determination. As consumers/clients become involved in the research of social problems, methodology may also be affected positively. The authors offer a value base that emphasizes cooperation, collaboration, and self-determination. They offer criteria for a feminist planning model developed from that value base and offer some self-evaluation questions.

Structural change is considered a necessary process and several implementation strategies are offered for program change.

*First, R.J., Roth, D., and Arewa, B.D. (1988). Homelessness: Understanding the dimensions of the problem for minorities. *Social Work, 33*(2), 120-124, National Association of Social Workers, Inc.

The characteristics and unique service needs of minority homeless persons have received little attention in the literature and in service delivery efforts. The authors review available research on this population, describe the differences between black and white respondents in a large epidemiological study of homeless persons, and explore the implications of these differences for policy development and service delivery. (Author's abstract)

The authors describe research to outline issues of homelessness, based on the culture of the client population. The study found that the needs of racial and ethnic minorities within the client group were not being met. The authors suggest a need for advocacy regarding the issues of social justice and inequality; recognition of structural and social factors affecting minorities; and utilization of informal social networks of ethnic minorities to better serve cultural minority populations.

*Flaskerud, J.H. (1986). Diagnostic and treatment differences among five ethnic groups. *Psychological Report, 58*(1), 219-235.

This study compared the diagnosis and treatment of white American psychiatric patients to those of Black, Mexican, Vietnamese, and Filipino psychiatric patients (N=293) in four public mental health agencies. Aspects of diagnosis examined were primary psychiatric diagnosis, somatic complaints, and social, legal, and economic problems. Aspects of treatment studied were treatment modality, duration of treatment, frequency of treatment, number of visits, and therapists' disciplines. Although important differences among groups emerged, the pronounced differences in diagnosis and treatment reported in the literature between whites and ethnic minorities were not supported. This might be partially attributed to the similarity of economic class among these samples. (Author's abstract)

Underutilization of services by Black, Hispanic, and Asian-American clients has been documented by many authors. This study proposed to determine differences in diagnosis and treatment by ethnicity; results showed that client reasons for underutilization were not statistically different between cultures. However, all clients had low economic status. The author believes that economic status superseded the relevance of ethnicity in underutilization of services. The study supported ethnic differences in characterization of illness and in diagnostic criteria. For example, 60% of Black clients were given a diagnosis of depression and 50% of the Filipino clients were characterized as paranoid. There was no evidence of somatization as a manifestation of psychological disturbance.

This illustrates the need to examine income and class status as well as ethnicity when assessing client needs and use of services.

*Flaskerud, J.H. (1986). The effects of culture-compatible intervention on the utilization of mental health services by minority clients. *Community Mental Health Journal, 22*(2), 127-141.

This study examined the relationship between a culture-compatible approach to mental health service and utilization as measured by dropout and total number of outpatient visits. The sample (N=300) was 23.5% Mexican, 22.8% white, 18.1% Black, 17.1% Vietnamese, 16.8% Filipino, and 1.7% other ethnic groups. A culture-compatible approach was found to be effective in increasing utilization. Three culture-compatibility components were the best predictors of dropout status: language match of therapists and clients, ethnic/racial match of therapists and clients, and agency location in the ethnic/racial community. Pharmacotherapy, education, previous treatment and a diagnosis of psychosis were significantly related to remaining in therapy. (Author's abstract)

The author discusses reasons for underutilization of mental health services by ethnic groups. These reasons include: stigma and shame, inaccessible service systems, inconvenient location of services, lack of knowledge about services, use of alternative resources, and beliefs about mental illness and its treatment. In unresponsive service systems, workers do not share culture or language with clients; hours of operation are restrictive; services are not located in the client community; and there is little publicity of services.

The author identifies nine components of a culture-compatible approach: (1) bicultural therapists; (2) bilingual therapists; (3) location of services; (4) flexible hours; (5) provision or referral for services, particularly to address social, economic, legal, and medical problems; (6) use of family members; (7) use of brief therapy; (8) use of traditional healers; and (9) involvement of consumers in determining, evaluating and publishing services.

Client data was collected from client files of four community mental health centers in Southern California. Agency and community data were collected from interviews, agency records and census information. Based on agency and community data, agencies were scored based on the nine components of the culture-compatible approach.

The author found no significant correlations between culture-compatibility score and client dropout status. However, language match between therapist and client did impact client retention positively. Ethnic/racial matches between therapists and clients and location of services in a cultural minority community positively affected client utilization as well.

This scale may be useful in assessing specific areas in which culture compatibility could be improved. The ethnicity and language of therapists and clients and the geographic location of services appear to be the most important determinants in utilization of mental health services by ethnic groups.

Flores-Ortiz, Y.G. (1982). Indigenous paraprofessionals in mental health. In Snowden, L.R. (Ed.), *Reaching the Underserved: Mental Health Needs of Neglected Populations*, (pp. 259-280). Beverly Hills: Sage Publications.

The author examines the paraprofessional movement in the 1960s and 1970s, and offers criticism useful to agencies interested in serving minority communities. A major problem in the paraprofessional movement was that indigenous minority workers were expected to be vehicles for social change, without a strategy for accomplishing change. A wide range of obstacles existed. The paraprofessionals were expected to provide indirect services, which were based on a concept that was often incompatible with the organization, structure, and philosophy of the agencies for which they worked. Agencies resisted and frequently used recruitment and interviewing techniques that inadvertently alienated or failed to reach indigenous minority workers that were to be hired.

The author suggests establishing clear expectations for indigenous minority workers, with unequivocal agency support. She also suggests use of non-traditional methods of recruitment and interviewing. Paraprofessionals should be paid a living wage and trained by professionals with qualifications related to the work paraprofessionals are expected to perform. Training which is not culturally congruent to the paraprofessional and the minority community may co-opt workers by forcing them to lose the very characteristics for which they were hired, thereby jeopardizing their ability to function as helpers in the community. A supportive, respectful, and instructive supervisor may be critical to worker satisfaction and job performance.

No author (1988). Focus: Self-help and minorities. *Helping Ourselves. 2*(3), 3-4. Michigan Self-Help Clearinghouse.

"The absence of minority members in self-help groups has been observed within self-help circles for some time." This article contains descriptions of efforts to include minority people in self-help organizations. One clearinghouse used two VISTA volunteers to develop groups for low income minority single parents. Research has found that minority group members are more inclined to join self-help groups when the groups' activities are perceived as relevant. Suggested strategies in diversifying membership of self-help organizations include: (1) recruitment into programs in existing organizations; (2) development of new organizations for minorities; and (3) dedication of new chapters of self-help organizations to specific minority groups.

A meeting of a self-help network focused on minority membership. Success in attracting minority members seemed related to the relevance of the groups' purpose, the relevance of group topics and activities, members' perceptions of being welcomed, members' perceptions of similarity with others in the group, and the proximity of meetings. The ethnicity of group organizers was also a factor as well. The article ends with a list of minority self-help groups in Michigan.

The strategies used by these member-oriented organizations may be useful in developing a plan to promote agency cultural diversity and competence. The groups listed in the article may be useful also as resources. Rather than working independently, member agencies of the network found collaboration helpful for brainstorming approaches and strategies in their communities.

Gallegos, J. S. (1982). Planning and administering services for minority groups. In Austin, J.J. & Hershey, W.E. (Eds.), *Handbook on Mental Health Administration: The Middle Manager's Perspective*, (pp. 87-105). San Francisco: Jossey-Bass.

An understanding of the mental health of minority groups must include a knowledge of cultural history, minority group strengths, and attitudes of minority families and communities. Imposing mainstream mental health standards on minority communities creates stress and resistance to the use of mental health services, especially when they are perceived as inaccessible or irrelevant. Joseph Gallegos describes the problems of differential treatment and unresponsive services for minority groups and of premature termination and underutilization of services by minority clients. Also emphasized are the role of affirmative action programs, expansion of the mental health treatment perspective to include environmental and cultural factors, and examination of institutional barriers to service. The recognition of cultural diversity is also related to role expectations of minority staff and minority administrators. (Author's abstract)

The author defines empowerment as the increased functional capability of a person or a system. Minority mental health is described as a dynamic state of personal health, encompassing aspects of biological, intellectual, and spiritual well being. The dominant culture's prevailing definition is narrow and rigid by comparison which often can be a source of resistance by minority populations. Program planners tend to be cautious, responding to both minority and Anglo perspectives of mental health.

The author suggests that bicultural/bilingual staff can combat underutilization. Another option is to train existing staff in cultural competence and to use culturally specific consultation and community-based resources to establish an ongoing relationship with communities of color. This process generally is facilitated by self assessment to examine agency administration and direct service provision.

Green, J.W. (Ed.) (1982). *Cultural Awareness in the Human Services.* Englewood Cliffs, N.J.: Prentice-Hall, Inc.

This book presents a transactional approach to ethnicity, which focuses on the relationship between individuals who identify themselves as part of an ethnic group and of the larger dominant society. Individual ethnic identity is perceived as an ongoing process which changes according to the situation. Therefore, workers must have accurate perceptions of the ways in which clients manage ethnicity in a variety of relationships. Social workers and social service agencies may act as cultural brokers, mediating and facilitating intercultural transactions. Several program descriptions are offered as examples.

The authors suggest that social service systems may benefit from insights developed by sociologists; Kleinman's model of Health-Seeking Behavior has been adapted to help-seeking behavior. The model is based on a division between professional and client culture. Professionals perceive problems differently, from a different knowledge base than clients. Examples of applying the model are offered within several distinct cultural settings. The authors suggest that the Help-Seeking Behavior model gives workers a way of thinking about social services from the client's perspective and in terms of the client's culture; this perspective is necessary to provide ethnically competent services.

The second section of the book is comprised of articles focusing on social work with the four major ethnic and racial minority groups. Of particular interest to social service educators and agency trainers is the appendix, which outlines cross-cultural learning activities. These activities may be useful to human service professionals who would like to improve their cultural competence and ability to promote cultural competence among their colleagues, agencies, and service systems.

*Hawkins, J.D. & Salisbury, B.R. (1983). Delinquency prevention programs for minorities of color. *Social Work Research and Abstracts. 19*(4), 5-12.

A study of 456 delinquency prevention programs nationwide identified consistent patterns of difference in the delivery of services to minorities of color and to whites. This article discusses these differences, the possible reasons for them, and their apparent implications for the prevention of juvenile delinquency. (Author's abstract)

Although family-oriented services were the method most likely to prevent youth delinquency, the authors determined that agencies were more reluctant to offer family-oriented services to minorities of color than to whites. Minorities were more likely to receive intervention rather than prevention services. Although intervention services are valuable, the discussion points out that prevention services are equally or perhaps more important.

Some agencies providing services to cultural minorities may attempt to meet needs which are the most readily apparent. However, this approach may undermine goals by not meeting needs that are most pressing, but not as obvious. It may be helpful for agencies to research services available to client populations to examine possible institutional racial or cultural bias.

Hopps, J.G. (1988). Deja vu or new view? *Social Work*, *33*(4), 291-292.

This article examines federal civil rights policy and Supreme Court rulings and their impact on minority groups. The author contends that social workers have an obligation to monitor the political process to serve their clients effectively. Objectives for schools of social work and social service agencies are delineated. Suggested agency activities include: supporting and assisting staff serving a diverse clientele; increasing the receptivity of agency offices; actively hiring and promoting staff members who are culturally competent; and offering educational support to promote cultural competence.

Jacobson, K. (1974). Bilingual/bicultural education: Why? For whom? What? How? *Minnesota Language Review*, *3*(2), 2-9.

This article might be helpful in identifying client issues associated with bilingual education and in examining issues involved in defining competence. Does cultural competence necessitate a particular racial/ethnic heritage? Speaking the language? Participating in the culture? Certification to teach the culture or language? Being a member of the cultural community? These questions may provide the basis for discussion about developing staff cultural competence.

Katz-Leavy, J., Lourie, I.S., & Kaufmann, R. (1987). Meeting the mental health needs of minority children and adolescents with severe emotional disabilities: A national perspective. *Children Today*, *16*(5), 10-14.

This article describes the findings of a national workshop presented by the Child and Adolescent Service System Program and the National Institute of Mental Health. The purpose of the workshop was to attempt to clarify the specific needs of minority children with severe emotional disorders and of their families. There were five findings: (1) issues across cultures are almost identical, with the most significant issue being assimilation into the majority culture; (2) cultural conflicts exist between generations within cultural groups; (3) differences in family structure between minority and majority culture; (4) substance abuse complicates environmental and socio-cultural problems; and (5) differing perceptions about mental health and illness.

To facilitate development of mental health services, agency staff should be aware of 10 factors: (1) environmental issues that influence intrapsychic conflicts; (2) level of acculturation; (3) the minority population's pattern of family systems, communication, language, values, morality, and learning; (4) cultural views of mental distress as having physical manifestations; (5) the value of incorporating natural support systems;

(6) the importance of networking with churches and healers in the community; (7) geographic accessibility; (8) linking services with other systems; (9) the ability of the community to assume responsibility for problems and self-determination of the solution; and (10) provision of services by bilingual and bicultural staff.

Kautz, E. (1976). Can agencies train for racial awareness? *Child Welfare, 55*(8), 547-551.

The author addresses one agency's readiness to risk changing its system. He describes the composition of the program and assesses the need for ongoing training. The author recognizes that change is slow when addressing the insidious nature of racism; he also acknowledges the system's desire to protect the status quo. To be effective, training should focus on cognitive, perceptual and emotional awareness, based on the staff's individual needs. This approach is perceived as a beginning to providing more effective services.

Kenyatta, M.I. (1980). The impact of racism on the family as a support system. *Catalyst, 2*(4), 37-44.

The author describes the history of racism towards Afro-Americans and Native Americans; and the extended Black family as a response and triumph over racism. Challenges are offered to students and practitioners to analyze the variety of family patterns and its implications for social policy. The author includes an interesting contrast within the family law system in Tanzania, which includes three sets of family law rules: Christian, Islamic, and indigenous.

This article affirms the importance of the family to the development and survival of children of color and to coping strategies for people of color.

Korchin, S.J. (1980). Clinical psychology and minority problems. *American Psychologist, 35*(3), 262-269.

Psychology has not been sufficiently concerned with racism and mental health, whether in theory and research, in clinical practice, or in graduate education. Much of the available research stems from a "race differences" tradition in which minority persons are compared with whites, often invidiously. Needed instead is a cross-cultural approach that views the behaviors of minority individuals in terms of their meanings within particular subcultures and yet avoids the extremes of cultural relativism. Clinical practices obviously need refinement and reconceptualization if they are to serve minority needs better, but it is too extreme to argue that existing concepts, institutions, and practices must be discarded or that a solution can be reached only through radical social change. Perhaps of greatest importance, however, is the need to increase our commitment to educating larger numbers of qualified

minority psychologists more concerned with studying and serving their own ethnic groups, in the process enriching the education of white students. (Author's abstract)

This article implies that agency administrators may hire staff of minority cultures to serve their own communities, while simultaneously educating staff of different cultures.

Kramer, B.M. (1984). Community mental health in a dual society. In Sue, S. & Moore, T. (Eds.) *The Pluralistic Society: A Community Mental Health Perspective* (pp. 254-261). New York: Human Sciences Press, Inc.

The author discusses the community mental health movement in the context of racial oppression. He sees race relations as a class system, in which Caucasians benefit most and people of color are excluded from full participation in the "democratic" system and its products. While there is legal equality among races in the U.S., some racial groups are actually subordinated to others. According to the author, this results in a "dual society."

While this view of race relations may appear bleak, the author also proposes a dynamic concept of society in which change is possible, fostering pluralism and integration. Past social reforms are documented as reflections of this dynamism.

The author traces the history of the community mental health movement and discusses the implications of designated catchment areas on racially segregated communities. He suggests that the use of catchment areas promotes racial segregation. To adequately serve people of color, he recommends emphasizing cultural development, cultural sensitivity, advocacy, natural helpers, and community economic development. However, this does not address the issue of segregation in services. Options for change include: a shift from small to large catchment areas to increase racial mixing; a shift from a residential base to an occupational or industrial base for catchment areas; a legal challenge to segregation in the mental health sector; and abandoning use of public funds for a segregated system of care.

Since many service agencies have geographical boundaries, it may be useful for agency managers to examine the geographical context of their client base. If a differential system of care appears to exist between services to white client populations and services to people of color, agencies may advocate to change geographical boundaries to serve a variety of clients. When agencies serve several different client groups, it may be wise to develop programs specific to client group needs.

Kumabe, K.T., Nishida, C., & Hepworth, D.H. (Eds.) (1985). *Bridging Ethnocultural Diversities in Social Work and Health.* Honolulu: University of Hawaii School of Social Work.

This book presents an overview of effective ethnocultural service delivery approaches in assessment, intervention, and the relationship between client and social worker. Of particular interest is the chapter entitled, "Ethnocultural Factors in the Illness Trajectory." The illness trajectory includes phases of medical care, dimensions of illness, and perspectives regarding the individuals involved in care. The model is based on two concepts: an environmental approach to care and the premise that the

components of the trajectory may not be congruent. Ethnic and cultural aspects influence the perspectives and dimensions of the situation. Thus, the system of care may conflict with the client's perspective and with members of the client's support system. Acculturation, assimilation, and ethnocentrism all influence these dissonances.

The summary chapter suggests that "to avoid and remove barriers to service delivery, administrators need to develop sources of feedback from the ethnic groups they serve" (p. 128). The authors then describe some mechanisms for developing sources of feedback.

Kurtz, L.F. & Powell, T.J. (1987). Three approaches to understanding self-help groups. *Social Work with Groups, 10*(3), 69-80. The Haworth Press, Inc.

To assist clients in using self-help, professionals need to augment their understanding of the ways in which groups function. The author proposes three conceptual frameworks for explaining the basic psychosocial processes of self-help groups: social networks, social learning, and cognitive theory. (Author's abstract summarized)

The article describes the therapeutic use of self-help groups with only a passing reference to natural helping systems. However, the frameworks used to explain the therapeutic processes of self-help groups may also be used to describe the personal benefits of belonging to a cultural community. The conscious use of cultural systems for self-help may be a step toward community advocacy. In developing services to minority cultural communities, it may be useful to seek out those communities to identify the inherent therapeutic strengths and collaborate with community members to empower clients.

Laird, M. (1988). Multi-cultural education at the crossroads. *Clinton Street Quarterly, Spring*, 35-36.

The author describes the actions of two public school districts in their quest to provide multi-cultural education to students in grades K-12.

The Seattle School District began with a revised world history curriculum. The curriculum was distilled into basic concepts and infused with international and multicultural content. In this pilot program, teachers attend workshops to learn ways to include diverse cultural perspectives into their curricula. Two other pilot projects in Seattle are directed to specific minority groups: one involves male adults teaching an awareness of self and culture to Afro-American male youth in high school and another project involves reinforcing Latino culture within the elementary and middle school systems.

Another model teaches children to perceive events from many perspectives. A coding process (Gender and Ethnic Expectations of Student Achievement) is used to evaluate teacher response to students. Cooperative learning, by grading the entire group, emphasizes group achievement and heterogeneous cooperation.

With pressure from the Portland Black United Front (PBUF) in the 1970s, the Portland Public School District hired experts to testify about African history. The testimony formed the basis for essays on African science, math, language, history, music, and art.

The essays will be incorporated into existing curricula. The PBUF is represented on a School District committee to monitor a desegregation plan. In an attempt to motivate students, students are paired with community mentors.

Programs serving children with emotional disorders may wish to hire experts to provide culturally specific information to incorporate into treatment plans. Learning methods for giving and receiving information in a variety of styles may be particularly helpful. Culture specific learning may be important to build youth awareness and pride in cultural heritage and strengths.

Lefley, H.P. & Bestman, E.W. (1984). Community mental health and minorities: A multi-ethnic approach. In Sue, S. & Moore, T. (Eds.), *The Pluralistic Society: A Community Mental Health Perspective*, (pp. 116-148). New York: Human Sciences Press, Inc.

Although the Community Mental Health Centers Act of 1963 was intended to provide easily accessible, low-cost quality mental health care, it soon became clear that services were underutilized by racial and cultural minorities. This underutilization was due to therapeutic efforts more suited to the values of white middle class professionals than to those of racial or cultural minority clients. The author's review of the literature indicates that basic concepts of psychopathology, behavior deviance, and appropriate remedies differ from culture to culture. Problems arising for minorities in dealing with "Anglo" healers include: (1) linguistic barriers in evaluation and misinterpretation of symptoms; (2) diagnostic errors in observing behavior; (3) failure to understand cultural response patterns in screening instruments and basic communication difficulties; (4) bias in interviewing and misinterpretation of psychodynamics; (5) culturally deviant advice; and (6) failure to differentiate between adaptive and maladaptive behavior. The authors question the validity of psychoanalytic training as it relates to "non-Anglo" cultures because clinicians avoid dealing with conflicts between client cultural values and professional therapeutic values.

The Community Mental Health model of the University of Miami-Jackson Memorial Medical Center is presented as an example of cultural competence. This model was derived from an attempt to see the community as a socialization matrix, stressor, and support system. Staffing is composed of five teams, each serving a culturally specific community. Each team is made up of members of the cultural community, directed by a masters- or doctorate-level social scientist specializing in that culture; often that person is a member of the cultural community. These teams act as catalysts for mobilizing neighborhood resources to address community-defined mental health needs. Teams originated with community advisory boards which assisted in selecting personnel and identifying community needs. Team members determined ethnic clustering and availability of resources. They spoke with key informants and residents, developed relationships with local community leaders, and contacted community agencies and groups. Using extensive community data, each team established a location, attracted service resources to the site, and offered services in established community centers. Teams worked with community-wide problems or with individual clients in an ecological context.

In building a cultural knowledge base, the authors suggest: (1) a thorough literature review; (2) ongoing consultation and review with ethnic consultants; (3) care-giver experience in cultural lifestyles; (4) interpretation of service utilization that reflects

client culture; (5) involvement of culturally-defined family members in the therapeutic process; (6) reflection of cultural belief systems in definition and treatment of illness; (7) therapeutic goals adapted to client cultural milieus; (8) culturally-sensitive interpretation of client behavior; and (9) a "checklist" of cultural material to examine items that may be relevant to the therapeutic process. The authors present positive findings on minority utilization, consumer satisfaction, and service effectiveness.

*Lynch, E.W. & Stein, R.C. (1987). Parent participation by ethnicity: A comparison of Hispanic, Black, and Anglo families. *Exceptional Children*, *54*(2), 105-111.

This article describes the results of a study of Hispanic parents' satisfaction and participation in their child's special education program and compares their responses to those of Black and Anglo families from earlier investigations. Sixty-three parents were interviewed in Spanish in their homes by trained interviewers who were also parents of students with disabilities. Results of the study indicated that Hispanic parents were generally very satisfied with their child's special education program, but often unaware of the services that were being provided. Parents were aware of the assessment and Individualized Education Plan (IEP) processes, but tended not to be active participants, though nearly half had visited their child's classroom to observe instruction. Work schedules, lack of bilingual communication, and general communication problems were identified as the major barriers that caused less active participation. To examine differences in five key variables between Hispanic, Black, and Anglo families, data from two earlier studies were pooled, collapsed, and analyzed using chi squares. Significant differences were found on all key variables across ethnic groups. (Author's abstract summarized)

In order to engage parents in treatment of their children, it may useful to employ bilingual/bicultural staff with flexible schedules to meet with parents after working hours.

Maluccio, A.N. (1981). Competence-oriented social work practice: An ecological approach. In Maluccio, A.N. (Ed.), *Promoting Competence in Clients*, (pp. 1-24). New York: Free Press.

The author describes an approach to social work that focuses on promoting client competence. Theoretically, this could be a model for agency practice with culturally diverse clients. This approach emphasizes three major components of ecological competence, which provide diversity in coping patterns unique to the individual and his or her environment.

This approach may require change in agency philosophy and structure. The philosophy of this approach is that clients and workers are partners in the helping process. Clients are viewed by workers as resources, with strengths and assets that can be used for the clients' own benefit. Workers are considered enabling agents or catalysts, using a variety of approaches to facilitate client empowerment. The structure of an agency may allow for flexibility in direct services to allow for the variety of approaches necessary in working with a diverse clientele.

Marion, R. (1980). Communicating with parents of culturally diverse exceptional children. *Exceptional Children*, *46*(8), 616-623.

"Working with parents of culturally diverse exceptional children should be considered an exacting challenge to teachers and educators in this decade." The author briefly describes legislation and court decisions that have altered the relationships between parents and professionals. He goes on to delineate similarities and differences in the educational process for culturally diverse gifted and delayed children and parents' reactions to this process. Professionals tend to expect culturally diverse parents to react the way "Anglo American" parents would. Over-representing culturally diverse children in special education classes and underrepresentation in talented and gifted classes is the cause of parents' anger and dismay. These parents have concerns about the negative images given to their children by the educational system, believing that these images are internalized by their children.

The author describes common needs of culturally diverse parents with exceptional children, including a need for information, participation, and positive self-esteem. When professionals address these needs and understand parents' reactions, education and advocacy for exceptional children may be more effective. Professionals must be "guided by an appreciation of dialectical deviations, a respect for cultural differences, and faith in the concept of individual instruction. Professionals must be prepared to provide help at the cognitive and effective levels as they work with parents who are traditionally outside the mainstream of American education." Tasks and strategies are delineated for professionals and agencies striving to improve their work with culturally diverse parents.

*Meinhardt, K. & Vega, W. (1987). A method for estimating underutilization of mental health services by ethnic groups. *Hospital and Community Psychiatry*, *38*(11), 1186-1190.

Most studies of service utilization have used parity to determine whether ethnic groups are receiving a fair share of services. The level of services is assumed to be adequate if the percentage of ethnic group members in the treatment population is the same as the group's percentage in the general population. However, service planning based on parity fails to consider different levels of need among these groups. The authors describe a method for projecting service needs of minority groups based on population data and sample surveys. The results help define equitable service goals for all population groups. (Author's abstract summarized)

Assessment of underutilization of services by minority client populations is a primary issue. A survey of this type may be useful to agencies or government bodies to identify the need for services by different cultural groups and in designing a continuum of care.

Moore, T., Nagata, D., & Whatley, R. (1984). Training community psychologists and other social interventionists: A cultural pluralistic perspective. In Sue, S. & Moore, T. (Eds.), *The Pluralistic Society: A Community Mental Health Perspective*, (pp. 237-253). New York: Human Sciences Press, Inc.

Assimilation robs individual subgroups of their uniqueness, while failing to offer practical mechanisms by which to achieve a unified society.

Cultural pluralism allows and encourages cultural groups to retain their unique identity and membership in the larger social framework. In a pluralistic framework, cultural differences are viewed as assets. Individuals who exhibit attributes of more than one culture are seen as bicultural, rather than marginally cultural.

The author advocates the use of "social interventionists" to promote awareness and acceptance of diversities among cultural groups. Criteria are offered for training, including cultural-specific knowledge and effective action. The author acknowledges a lack of methodology, analytical procedures, and effective interventions in the field and suggests that training be developed to prepare individuals to create these tools.

A lack of awareness of cultural differences may result in differential interpretation of data; creating or reinforcing stereotypes such as genetic inferiority or cultural deficiency. It has been proposed that effective therapeutic treatment requires an understanding of the client's environment. In client advocacy, determination of needs must include an understanding of client's culture and represent the target population.

The social interventionist is also to form linkages with cultural experts; helpers should seek information from reliable sources to make accurate needs assessments.

A training program must be based on the roles that interventionists will perform in the community and the level at which they will work. Training programs should be responsive to community timelines and needs, rather than solely focusing on academic schedules.

Research should contain a component for obtaining knowledge about the ways in which individuals and cultures interact. Training programs should include field placements and allow students to begin as participant observers. Social-historical analysis should become a major data collection method for social intervention. New methods of gathering information may be necessary to acquire the knowledge to support a pluralistic paradigm.

Nuttall, E.V., Landurand, P.M., & Goldman, P. (1984). A critical look at testing and evaluation from a cross-cultural perspective. In Chinn, P.C. (Ed.), *Education of Culturally and Linguistically Different Exceptional Children.* Reston, VA: ERIC Clearinghouse on Handicapped and Gifted Children, pp. 42-62.

This paper discusses the common problems in distinguishing a "disability" from a cultural or linguistic difference. The legal mandates affecting the assessment of linguistically and culturally different students are summarized. A brief review of the research regarding the uses and misuses of standardized assessment instruments are presented. In addition, the most common approaches in nondiscriminatory assessment are described and critically analyzed. Viable assessment and evaluation techniques

and model practices are presented. Finally, recommendations are made for cross-cultural assessment and evaluation for educators involved in development of policies or implementation of services to culturally and linguistically different students. (Author's abstract summarized)

Although the focus of this paper is diagnosis of bilingual children with developmental disabilities, the issues in assessment are valid for all bilingual/bicultural clients. Issues in client assessment include: the bilingual/bicultural proficiency of the tester; the language and cultural bias of the assessment tool; the culture and class of the interpreter, when used; the training of the interpreter; and the dialect and microculture of the client. Nondiscriminatory tools discussed in this paper may be useful in assessment or diagnosis of multicultural clients and their problems.

Ortiz, A.A., & Maldonado-Colon, E. (1986). Reducing inappropriate referrals of language minority students in special education. In Willig, A.C., & Greenberg, H.F. (Eds.), *Bilingualism and Learning Disabilities: Policy and Practice for Teachers and Administrators*. New York: American Library Publishing Co., Inc. (pp. 37-52).

Language minority students who fail to perform to scholastic expectations are often inappropriately placed in special education classes. Erroneous referrals occur when placement committees interpret linguistic, cultural, economic or other background characteristics as deviant. Inappropriate placements have long-term and potentially negative effects on students' futures.

Educators need to be aware of behaviors considered normal for the student's social group membership and prior experience; these behaviors should be regarded as different rather than deviant. A student behavior checklist is included, specifying behaviors that may be considered abnormal or adaptive in the context of the student's culture. The authors discuss issues regarding language proficiency, learned helplessness, and external locus of control.

This article might be of use to an agency serving youth of different cultures in developing policies and programs with sensitivity to ethnicity.

Owan, T.C. (1982). Neighborhood-based mental health: An approach to overcome inequities in mental health services delivery to racial and ethnic minorities. In Biegel, D.E. & Naparstek, A.J. (Eds.), *Community Support Systems and Mental Health: Practice, Policy, and Research*, (pp. 282-300). New York: Springer Publishing Co.

The author contends that Western European approaches to serving racial minorities directly conflict with their culture. He encourages development of a model that diverges from the traditional approach and incorporates services for small, culturally-related geographic areas.

The author points out that "It is not enough...to hire a bilingual staff person if the design of the services does not take into account racial and ethnic differences." He also emphasizes the importance of local control over services.

Some elements of this model may be used in developing programs: (1) alternative service delivery models; (2) neighborhood support systems; (3) research; and (4) evaluation. Characteristics proposed in a service delivery system are: providing services in residential and work areas; involving the client's neighborhood; building on informal networks; and providing treatment and prevention services. Culturally relevant services may be provided as a satellite program to a larger agency, through a subcontract, or by an independent minority group or agency. The author recommends service provision through an independent local group or agency.

Rubenstein, J.S., & Levin, S. (1976). A model for interagency cooperation in the provision of mental health services to youth. *Hospital and Community Psychiatry, 27*(6), 404-407.

In 1971, the Chedoke-McMaster center initiated an assessment and placement program for preadolescents with emotional disabilities in Hamilton, Ontario. This project was used as the springboard for a cooperative venture with other health and social service agencies serving children. All clinical decisionmaking regarding assessment and placement in residential treatment is made by a multidisciplinary team, comprised of representatives from participating agencies. The team also participates in planning for discharge and aftercare. The project also includes a short-term inpatient assessment unit and several long-term residential treatment programs. (Author's abstract summarized)

Rueda, R. (1984). Cognitive development and learning in mildly handicapped bilingual children. In Chinn, P.C. (Ed.), *Education of Culturally and Linguistically Different Exceptional Children*, (pp. 63-76). Reston, VA: ERIC Clearinghouse on Handicapped and Gifted Children.

The author describes two approaches in promoting cognitive development of children with mild developmental delays. His review of current research supports the view that bilingual children have higher levels of cognitive functioning because of their exposure to two languages.

The author also describes a classroom setting used to investigate the literacy development of bilingual children with mild developmental delays. Preliminary observations suggest that an interactive framework may maximize the acquisition of writing skills.

To improve services to bilingual clients, it may be desirable to examine current research regarding treatment practices. By viewing bilingualism as an asset, services may be more responsive to the needs of bilingual clients. Additionally, providing an interactive process may facilitate treatment.

Sanders, D.S. (1974). Educating social workers for the role of effective change agents in a multicultural, pluralistic society. *Journal of Education for Social Work*, *10*(8), 86-91.

Social workers have two foci as change agents: initiating or facilitating changes and helping clients to cope with change. The dilemma lies in choosing the focus. If social workers choose to actively promote change, they should develop policy skills in relation to ethnic and minority groups. The profession's developmental thrust should be strengthening remedial and preventive social work tasks.

Although written for social work educators, this article could be adapted to agency education. The author emphasizes the need to develop social indicators for evaluating changes and strategy effectiveness. Four categories of indicators are suggested: information, prediction, problem-orientation, and program evaluation.

Sanders, D.S. (1975). Dynamics of ethnic and cultural pluralism: Implications for social work education and curriculum innovation. *Journal of Education for Social Work*, *11*(3), 95-100.

The growing number of ethnic, cultural, and racial minorities creates a need for greater awareness, social communication, and participation by professional groups to enhance social and cultural life in America. The helping professions and social service disciplines can contribute by preparing practitioners to work cross-culturally. Eventually, the curriculum must be revised to ensure that professional education and training reflects an America of ethnic, cultural, and racial diversity.

The author clarifies the concept of the melting pot and asserts that minority group members can remain loyal to their group and also be American citizens. Cultural pluralistic models accurately and effectively assess, plan, and deliver social services.

The social work profession is in an advantageous position to support cultural pluralism by viewing ethnicity in a positive light. Three distinct opportunities exist for curriculum development: (1) minority students may gain in-depth knowledge of their own groups; (2) students may obtain a basic understanding and knowledge of the major ethnic groups in American society; and (3) "minority-majority problem specialists" may develop a deeper knowledge of the specific minority groups with whom they plan to work.

Sue, S. & Moore T. (1984). Pluralism and community mental health: Summaries and conclusions. In Sue, S. & Moore, T. (Eds.), *The Pluralistic Society: A Community Mental Health Perspective*, (pp.. 263-274). New York: Human Sciences Press, Inc.

The authors believe that "the mental health of minority groups is of continuing concern in view of the slow changes that have occurred in the mental health profession and the social intervention arena" (p. 264). The unaddressed mental health needs of minority groups are identified as: world view, quality of life, and the stress involved in being oppressed. The deficit model has had a particularly negative impact on social research with minority groups, as cultural strengths and coping strategies are devalued.

The authors synthesize the work of others to identify ways in which mental health delivery systems may become more effective in serving culturally diverse groups. The authors suggest the following actions: (1) study the values, beliefs, and behaviors of ethnic groups; (2) include ethnic para-professionals and interdisciplinary professionals on teams; and (3) increase minority input and control.

These activities have been found successful in creating greater access and utilization of services, lower dropout rates, higher consumer satisfaction, and lower recidivism rates. The authors emphasize the need for process and outcome research in programs designed to serve minorities. The authors conclude by identifying broad issues for further examination, such as public policy, social change strategies, and social system analyses.

*Sue, S. (1977). Community mental health services to minority groups: Some optimism, some pessimism. *American Psychologist, 32*(8), 616-624.

The author reports that researchers and practitioners have found for many years that minority clients receive discriminatory treatment from white therapists. However, the implicit assumption underlying this finding is that the mental health delivery system should strive to provide equal and nondiscriminatory services for all clients. An analysis of the services received by minority clients in 17 community mental health facilities suggested that blacks received differential treatment and poorer outcomes than whites. However, Asian-American, Chicano, and Native American clients who received treatment equal to that of white clients also had poorer outcomes, as measured by premature termination rates. The author suggests that minority clients may receive equal but unresponsive services; delivery of responsive services should be emphasized rather than demonstration of inequities. (Author's abstract summarized)

This research shows that outcomes for people of color are poorer, even when they receive the same services as whites. This finding suggests that existing services do not meet the needs of people of color. The author recommends that: (1) agencies develop new services and service delivery models, with incentives for promoting implementation; (2) rates of minority client utilization should not be used as measures of non-discrimination; (3) the differences and similarities among ethnic groups must be identified; (4) the interaction between minority client culture and treatment should be the focus of research and evaluation; and (5) research should also focus on the fit between client and treatment.

Tovey, R. (1983). The family living model: Five day treatment in a rural environment. *Child Welfare, 62*(5), 445-449.

The author describes a state-funded, community-based treatment program in Central Oregon to treat children with emotional disabilities between the ages of three and twelve. Children are referred by schools, state child welfare agencies, county mental health clinics, and kindergartens. The program provides residential care, evaluation and diagnosis, respite services, transition into the community, and temporary shelter care.

Such a treatment model may be adapted to incorporate cultural values in a community-supportive setting.

Weisberg, P.G. (1986). Breaking the barriers to involve minority parents. Paper presented at the CEC/DEC National Early Childhood Conference on Children with Special Needs, Louisville, KY, October.

The thesis of this paper is that educational policies and practices and family values and culture critically influence the perceptions of minority parents towards public schools. The author provides an historic overview of education policies toward children of color, one of which resulted in disproportionately classifying African- and Mexican-American children as having mental retardation; this practice ultimately encouraged these children to drop out of school. Litigation clarified and restricted the procedures for placing children in special education classes. Studies conducted in the 1970s revealed cultural strengths previously ignored in research.

In working with minority children with developmental delays, the author suggests that educators become knowledgeable about: (1) the historical background of minority parents' roles and education; (2) theory and research on the minority group; (3) skills and techniques useful in working with minority families; and (4) methods to involve minority parents in their children's education.

The author suggests some contact methods useful in building relationships with minority parents: (1) use formal titles, such as Mr., Miss, and Mrs.; (2) use a polite, respectful tone of voice; (3) use "lay" language appropriate for the parents' educational level, without being patronizing; (4) discuss the child's strengths before discussing problems; (5) paraphrase parents' statements to ensure accurate communication and understanding and ask parents to paraphrase your comments; (6) dress appropriately when meeting with parents; and (7) bring a translator if needed, or allow parents to bring their own.

In preparing for assessment of children with developmental delays, the author recommends that educators: (1) respect parent viewpoints; (2) reassure parents that assessment does not mean labelling; (3) inform parents of their legal rights regarding assessment; (4) involve a translator or family friend to assist; and (5) use professionals well-versed in the minority culture and familiar with unbiased assessment tools.

Educational institutions may wish to: (1) develop and conduct workshops with churches and community organizations to provide in-service trainings for minority parents; (2) recruit a minority parent to act as an advocate and liaison; (3) develop and disseminate a list of translators and community advocates; (4) encourage the participation of minority community leaders; (5) develop and use staff training programs about minority cultures; and (6) help staff practice new skills by using a case study approach.

*Windle, C., Neal, J., & Zinn, H.K. (1979). Stimulating equity of services to nonwhites in community mental health centers. *Community Mental Health Journal, 15*(2), 155-166.

This paper describes a special data-based approach by the National Institute of Mental Health and the Health, Education, and Welfare regional offices to improve mental health service utilization nationwide for nonwhites and equalize these services with those available to whites. (Authors' abstract)

Agency administrators identified activities to improve services to racial minorities: (1) increase minority staff; (2) establish satellite offices; (3) establish or expand outreach activities; (4) increase minorities' representation on advisory boards; (5) seek case consultation and provide education services; (6) coordinate efforts with other agencies to secure minority referrals; (7) provide transportation to and from the center; (8) provide services through Title XX funds; (9) attend or support workshops on minority issues; (10) contact minority clergy; (11) advertise through minority newspapers and media; and (12) evaluate one's service to minorities.

Additional plans to improve service delivery include: monitoring utilization data; working with minority community leaders; conducting a needs survey; advertising and public relations; encouraging suggestions from the advisory council and from site visitors.

It may be useful to adapt these activities to improve service delivery to cultural minority populations.

Zane, N., Sue, S., Castro, F.G., & George, W. (1982). Service system models for ethnic minorities. In Biegel, D.E. & Naparstek, A.J. (Eds.), *Community Support Systems and Mental Health: Practice, Policy, and Research*, (pp. 229-257). New York: Springer Publishing Co.

The authors present six core principles that may be useful in developing effective services to ethnic minority clients: (1) matching services to needs and to help-seeking patterns of the client population, emphasizing the impact of social problems on adaptive psychological functioning; (2) facilitating the coordination of mental health services with other health and social services; (3) focusing on primary prevention efforts incorporating natural support systems; (4) offering comprehensive services at individual, family, organizational, and social system levels; (5) providing community control through an advisory board, agency administration and service accountability; and (6) developing and using knowledge to promote the adoption and implementation of innovative service system models.

These principles are discussed in terms of service delivery and system issues; several strategies for change are described for each principle. Barriers to effective program implementation are discussed. The authors argue that political and fiscal action is necessary to promote development of programs responsive to ethnic minority needs.

Culture Specific: African-American

Culture Specific: African-American

Chestang, L.W. (1981). The policies and politics of health and human services: A Black perspective. In Johnson, A.E. (Ed.), *The Black Experience: Considerations for Health and Human Services*, (pp. 15-25). Davis, CA: International Dialogue Press.

This article explores the consequences of poverty and the context with which many Black people must cope. Policy makers and service providers are given an awareness that may lead to cross-cultural insights and sensitivity in responding to Black people. While reviewing coping abilities in Black culture, policy makers and service providers need to judge the relevance of existing or intended programs and their interventions. Criteria for assessing relevance are outlined. Strategies for implementation are included to be equally applicable at both state and local levels.

The article explores the ways in which standards should be established under government policies and programs to assure that services are relevant and responsive to the needs of Black Americans. The author describes the ways in which self-esteem and security play a significant role in the Black community and its culture. The author also discusses aspects of poverty, conservatism, and the economic state of the nation affecting policy and program development relevant to Black Americans. The author outlines methods for evaluating agencies, policies, and programs in terms of meeting the health and human service needs of Black Americans and their communities.

Comer, J.P., & Hill, H. (1985). Social policy and the mental health of black children. *Journal of the American Academy of Child Psychiatry, 24*(2), 175-181. American Academy of Child Psychiatry.

Psychiatric training programs should provide information about the impact of social conditions on the behavior of all communities, families, and children. They should also provide knowledge about minority communities that have had particularly traumatic social experiences, as well as some understanding of the variation of experiences between and among racial, ethnic, religious, and income groups. Trainees should participate in activities beyond the clinical setting to promote social policies which facilitate adequate child and family functioning. (Author's abstract)

The authors analyze economics and education as examples of social policies that affect the mental health of Black children. They suggest a sociopolitical approach based on the premise that much of mental illness is rooted in the existing pathology of social conditions rather than in the pathology of the individual. A sociopolitical approach differs from the intrapsychic approach in that the worker acts as a social change agent on behalf of the client. The authors recommend that mental health workers become involved in education, housing, employment, and other issues that can affect intervention strategies and programs. They stress the importance of developing cross-cultural skills for all mental health workers and encourage a familiarity of the research on cultural minorities. They believe that familiarity and cross-cultural skills should be developed in training.

It may be useful to analyze the social policies, or lack of social policies, affecting a cultural minority population. An agency may need to change its philosophical base to reflect social advocacy as a primary function in providing for clients' basic life needs. An agency might incorporate or emphasize cultural skills in trainings and maintain a research data base to track the development of its cultural competence.

Cotton, D.F. (1987). Healing the sickness. *Sojourners, 16*(10), 35-40.

"...healing of the sickness [racism] will happen faster...if those holding real power see a changed economic order as desirable, take steps for change, and realize the legacy to their children when they pass on their racial prejudices." The author calls for a national mandate for intolerance of racist behavior. She advocates that a change in consciousness in individuals and groups can be facilitated in schools and religious institutions. A non-racist world frees both majority and black populations to rise above fear.

*Dawkins, M., Dawkins, M.P., & Terry, J.A. (1979). Personality and lifestyle characteristics of users and nonusers of mental health services in an urban Black community. *Western Journal of Black Studies, 3*(1), 43-52.

The authors describe personality, lifestyle traits, and social background characteristics of users and nonusers of mental health services in an urban Black community. They discovered that "Blacks, both males and females, who retain a sense of identity and pride in being Black, who do not perceive themselves as dependent upon the system for survival, and who are socially aware of life on the streets in the inner city are most likely to be nonusers of mental health services. Planners of community mental health programs need to support and strengthen those personality traits which contribute to effective survival strategies and identify ways of incorporating into their treatment services the personality and lifestyle factors which characterize the ability to cope successfully with the stresses of ghetto life" (p. 51).

Agencies serving minority groups may become more effective by identifying the characteristics that demonstrate healthy coping within each minority group and using these behaviors to reflect some group-specific norms. These agencies could then assist clients in accessing support from their own communities.

*Gary, L.E. (1987). Attitudes of Black adults toward community mental health centers. *Hospital and Community Psychiatry, 38*(10), 1100-1105.

The attitudes of 411 black adults toward community mental health centers (CMHCs) and their relationship to seven demographic and sociocultural characteristics were assessed. Fewer than 20 percent of subjects had negative attitudes toward CMHCs, about 34 percent had positive attitudes, and about 47 percent had neutral attitudes. Female gender, married status, and a high level of racial consciousness were associated with more positive attitudes towards CMHCs, but explained only about 11 percent of the variation in attitudes. The author suggests that mental health clinicians and service planners become more knowledgeable about the attitudes and values of all segments of the black community. (Author's abstract)

This article points out the issue of within-group diversity in suggesting that the Afro-American community is not a monolithic group with respect to seeking and using mental health treatment. The article suggests that services delivered to Afro-American and other cultural communities need to recognize income, education, and other socioeconomic indicators.

*Gary, L.E. (1987). Religion and mental health in an urban Black community. *Urban Research Review, 11*(2), 5-7,14.

This research focussed on the impact of religious faith on emotional problems and the relationship between religion and substance use. The findings showed that religion was an important factor in determining help-seeking behaviors and that churches were likely to help African-American people deal with stress. The author recommends that mental health workers become knowledgeable about the support Black churches to collaborate with clients' support systems.

It may be helpful to become familiar with the religious dynamics of the community. A church that is known to be particularly helpful to clients may be willing to coordinate with an agency so that both may serve community members more effectively.

This article is beneficial for understanding the natural helper role that churches play in Afro-American and other minority communities. The author describes the ways in which Afro-Americans' oldest and most independent institution is overlooked, underutilized, and unsupported by professionals, agencies, and service delivery systems. The article also discusses the sociocultural phenomenon of religiosity inherent in most Afro-American communities and describes its viability and commitment as a traditional and contemporary helping resource.

Gray, S.S., Hartman, A., & Saalberg, E.S. (Eds.) (1985). Empowering the Black family: A roundtable discussion with Ann Hartman, James Leigh, Jacquelynn Moffett, Elaine Pinderhughes, Barbara Solomon, and Carol Stack. Ann Arbor: National Child Welfare Training Center, University of Michigan School of Social Work.

Agencies seeking to serve Afro-American communities proactively may find this book particularly insightful. This book is the result of a two-day roundtable discussion of five experts representing a range of perspectives, expertise, and experience. The group included practitioners, educators, and social workers with interests in policy, program development, and direct practice. The discussion focused on efforts to strengthen and empower Afro-American families and communities. The book is written in a conversational style, which is stimulating and easy to read. The participants used this forum to brainstorm specific needs of Afro-American families and the benefits and deficits of service designs.

*Hale, J. (1980). *A Matter of Culture: The Educative Styles of Afro-American Children.* New Haven, CT: Yale University. (ERIC Document Reproduction Service No. ED 197 856.)

Debate about the relative influence of class and of race on the condition of Blacks in the United States is relevant to the issue of the educational achievement of Black youth. Neither race nor class, but culture is most likely to affect Black children's' behavior in schools and, as well, the school's response to Black children. The emphasis Blacks place on emotional expression, their orientation to people rather than objects,

reliance on interpersonal relationships, proficiency on nonverbal communication, utilization of a relational cognitive style as opposed to an analytic cognitive style, and encouragement of expressiveness, spontaneity and assertiveness all contrast with typical behavior of whites and contradict standard expectations for conduct in educational settings. Additionally, the speech of Blacks differs in many ways from the speech of whites and the language practices of the schools. Black children are more active and have more physical energy than white children. Finally, the Black home environment, one that provides abundant, intense and varied stimulation that may lead to a chronic, higher activation level, differs markedly from the typical classroom environment. More research is needed in order to facilitate coordination of the culture of the black home and the culture of the school. (Author's abstract)

This article may be used as a basis for program development. It may help develop understanding of interactional patterns, language, and other cultural or normative influences common to Black children and youth. This article may also be helpful to mental health practitioners, special education instructors, juvenile justice personnel and other professionals who work with Black children and youth.

Hendricks, L.E. (1987). Some reflections on racial comparative research. *Urban Research Review, 11*(2), 4,15.

Comparative racial research has generally focused on comparing racial minority groups to whites. However, the literature of the past twenty years suggests that an emphasis on cultural comparisons would be more meaningful. The author found many problems in studies of racial differences: (1) the difficulty of defining racial groups; (2) the differences within each group; (3) the importance of class, education, and other social status variables; (4) culture bias in measuring instruments, and (5) the effects of examiners' race, bias, and expectations of subjects' performance. He also found difficulties in analysis: (1) conceptual equivalence; (2) equivalence of measurement; (3) linguistic equivalence, and (4) sampling. Moreover, socioeconomic status and cultural background vary so greatly among people of color that direct analysis of race and mental illness is not meaningful.

This article provides support to agencies serving a multi-cultural clientele without separating clients according to race. Additionally, the author suggests flexibility in treatment philosophy to provide services based on culture and race. Basic concepts and issues are discussed which are easily overlooked when conducting research on minority populations. This article should prove helpful to administrators, program developers, and researchers, in developing policy, programs, or interventions on behalf of minority people and communities in need. This information should be a prerequisite for those conducting research, gathering and analyzing data, and developing programs and policies. The author points out misperceptions and suggests methods for examining demographics, data, and observable behavior in a non-culture bound fashion.

Johnson, A.E. (Ed.) (1983). *The Black Experience: Considerations for Health and Human Services.* Davis, CA: International Dialogue Press.

This book was based on the proceedings of the Second Workshop on the Black Experience held at the University of North Carolina at Chapel Hill on February 27,

1981. The conference continues to convene annually to inform and assist human service professionals effective and culturally appropriate service delivery to African-American people and their communities.

The book states that many African-Americans continue to live diminished lives in contrast to whites, despite gains made in recent years. The authors suggest that progress by African-Americans has been eroded in part because government and voluntary efforts have come under attack or have been weakened. A relatively small segment of the African-American population has benefitted from programs, services, and opportunities, while a large segment still requires.

Existing programs may be modified to meet culture-specific needs; agencies may need to build new knowledge bases and service systems to meet these needs effectively. The authors provide readers with approaches and techniques necessary to improve service delivery and practice, identifying theoretical underpinnings and implementation strategies.

There are chapters written by Barbara Bryant Solomon, Lawrence Gary, Leon Chestang, and Jeanne Spurlock. The theme of understanding and respecting the culture, lifestyles, and strengths of the African-American community is evident throughout the book. The book contains sections addressing policy development, informal helping networks, culturally appropriate service delivery approaches, socialization of African-American children and families, urbanization and the Afro American community, and the role and impact of research.

The book is enlightening for people of all different levels of familiarity and experience with the community. It is particularly helpful to professionals interested in developing a broader knowledge base, by presenting service delivery models and treatment approaches and practices relevant to the African-American community. This book encapsulates materials from a workshop addressing the latest issues and developments in delivering services to African-American citizens and communities.

McDonald, T. (1987). The toll on the Black male. *Sojourners*, *16*(10), 34-35.

This article states that the overriding issue perpetuating racism in the U.S. is economic power. The author discusses the role of the Black church as the only independent body addressing racism, the Black minister serving as spokesperson for oppressed people in the U.S. Emphasis is placed on the importance of the church and membership in the church community.

In serving Black communities, it may be useful to establish or strengthen relationships with Black ministers and churches to focus on racism as a social issue.

*Milburn, N.G., Thomas, V.G., Brown, D.R., & Gary, L.E. (1987). Social network characteristics and mental health. *Urban Research Review*, *11*(2), 8-12,15.

The authors examined the relationships between demographic characteristics, psychological well-being, and structural network characteristics among Black American adults. The most supportive networks for increasing psychological well-being consist of many friends and relatives nearby, frequent interaction with network members, and

low density (i.e., members who do not know one another). Low-density networks may provide individuals with access to different kinds of support, and daily contact with network members may enhance the availability of support.

This study may be used to promote several organizational changes. Treatment philosophy may be altered to include development or use of support networks. Internal dynamics may be examined to ascertain the agency's ability to provide a healthy working environment. Finally, the agency may be interested in exploring the social networks of potential employees to ascertain the likelihood of obtaining a healthy, functioning employee, particularly within minority communities.

*Milliones, J. (1980). Construction of a Black consciousness measure: Psychotherapeutic implications. *Psychotherapy: Theory, Research and Practice, 17*(2), 175-182.

The purpose of this study was to construct an instrument that would be sensitive to the various transformations of Black Consciousness. Empirical, theoretical, autobiographical, and biographical literature suggest there are four relatively distinct stages or phases of Black Consciousness: Preconscious, Confrontation, Internalization, and Integration. Items were written for each of these domains and administered to 160 Black freshman and sophomore male college students. The Developmental Inventory of Black Consciousness (DIB-C) was then analyzed by using a sequentially organized psychometric strategy of Item Discrimination, Test of Homogeneity, Social Desirability, and Differential Validity. In addition, a construct validation study was performed using the Nadanolitization Scale, which measures the degree of internalizations by Blacks of stereotypes that whites have typically held towards Blacks. Results showed 65 items remaining for the DIB-C following the sequential analysis. The construct validation study showed an inverse linear relationship between the degree of Nadanolitization and progressive DIB-C scores. The psychotherapeutic implications and the need for future research are discussed. (Author's abstract)

The article documents the developmental process of racial pride awareness. The DIB-C measures the extent to which racial/cultural stereotypic attitudes are internalized by the individual.

Developed for African-Americans, this approach may be adaptable to other cultural groups. The DIB-C may provide a framework for assessing client issues and modes of intervention. This Inventory may be used with other research tools to determine the most appropriate services for a cultural minority community.

Slaughter, D.T. (1988). Programs for racially and ethnically diverse American families: Some critical issues. In Weiss, H.B. & Jacobs, F.H. (Eds.), *Evaluating Family Programs*, (pp. 461-476). New York: Aldine De Gruyter.

In this article, the author addresses issues related to serving racially and ethnically diverse client groups. After establishing some parameters of diversity, the author challenges assumptions about African-Americans. Program designs are discussed and recommendations proposed for programs serving culturally diverse clients: (1)

conducting an analysis of cultural and social factors of the community prior to setting program goals; (2) basing the analysis on systematic study, rather than a few informants; and (3) designing the program on a cultural-ecological model.

Program structure and organization entails: (1) respecting client skills; (2) encouraging clients to express their expectations of the program; (3) basing program services upon the context of the clients' culture and environment; (4) modeling self-respect, commitment, and belief in people's ability to create positive changes in their lives; (5) demonstrating staff confidence in their work; and (6) obtaining consensus in program goals. A useful aspect of evaluation involves determining the differences between the stated goals of the program and the staff's understanding and presentation of goals to clients.

*Solomon, P. (1987). Racial factors in mental health service utilization. *Psychosocial Rehabilitation Journal, 11*(2), 3-12.

In recent years there has been growing concern among mental health professionals about the treatment of minorities, particularly Blacks, in the publicly funded mental health system. This article reports on the relationship between race and clinical characteristics, post-discharge service needs, and community service utilization of a cohort of patients discharged from state psychiatric institutions. The study found that blacks were somewhat more inclined to be diagnosed as schizophrenic and were more likely to connect with services post discharge, but to receive far less service than whites. (Author's abstract)

The author suggests that diagnosis is more likely to be accurate when an agency uses observation and evaluation, instead of presenting behaviors or reported symptoms. Programs should be designed to be responsive to clients' perceptions of their needs.

*Spurlock, J. (1986). Development of self-concept in Afro-American children. *Hospital and Community Psychiatry, 37*(1), 66-70.

Studies of self-concept in Afro-American children differ in their findings according to whether the research was conducted before or after the civil rights movement of the 1960s. While the earlier studies reported that the Afro-Americans had lower self-esteem than Caucasians, studies conducted after the height of the civil rights movement do not support that finding. The development of self-concept in Afro-American children is influenced by the strengths and weaknesses of the family, extended family, or community; individual perceptions of untoward events or environments; and the ability to devise mechanisms to ward off threats to self-esteem. The author stresses that those who study self-esteem among Afro-Americans should examine developmental processes within the individual's social context and reference groups rather than from the perspective of the dominant group. (Author's abstract)

Although this article concentrates on direct work with clients, the information on development provides a theoretical base for regarding environmental influences, program design, and service delivery to diverse groups. An agency's treatment philosophy may be modified based on an examination of clients' cultural and social environments and the effect of environmental conditions on clients.

Taylor, R.L. (1979). Black ethnicity and the persistence of ethnogenesis. *American Journal of Sociology, 84*(6), 1401-1423.

The author discusses the assumption that a radical discontinuity exists between the experiences of Blacks and immigrant ethnic groups in the United States. The conditions of racial oppression and exploitation are often emphasized as exclusive sources of Black sociocultural characteristics. The author contends that this emphasis obscures the important role of migration, urbanization, and intergroup conflict in promoting a distinctive Black ethnicity. The article contains a review of the urban history of Black populations in northern cities suggests that Black ethnogenesis was inspired by the same structural conditions as the development of ethnic identity and community among white ethnic populations. (Author's abstract summarized)

African-American ethnicity is described in an historical and structural context, responding to the inaccurate views put forth in the late 1950s and early 1960s. The author proposes that African-American ethnicity is similar to contemporary European ethnicity in responding to earlier history and current socioeconomic oppression. Elaborate social kinship networks strongly influence African-American community structure and may further explicate African-American ethnicity.

Social networks may be a useful focus as a major strength in the minority community. Social network analysis may assist the agency in understanding and developing relationships with minority communities.

Taylor, R.L. (1987). The study of Black people: A survey of empirical and theoretical models. *Urban Research Review, 11*(2), 1-3. Howard University Institute for Urban Affairs and Research.

A large portion of the research and writing of the past decade has been devoted to a critical reassessment of traditional paradigms and the debunking of erroneous assumptions regarding the social and behavioral characteristics of Blacks and their status in American society. Such activities have been essential in reviving and directing attention to problems and research orientations which have been absent, dormant, or neglected in previous work, and have contributed to the development of innovative theories and approaches. Although few recent studies have proceeded from a theoretically-based "Black perspective," Black social and behavioral scientists have been active participants in the ongoing process of developing alternative conceptualization and interpretation of the personality and social behavior of Black populations. Recognizing the need to understand minority behavior from its own frame of references, minority scholars in increasing numbers have urged the adoption of a multicultural approach as a means of promoting a more effective investigation and understanding of minority populations. While the psychosocial implications of such an approach are only beginning to be explored, initial results are promising. (Author's abstract)

Program development may be enhanced by using current social research regarding minority populations, particularly research conducted by minorities with their own cultural groups. Agencies may adjust their theoretical bases to improve services to target populations.

Tolmach, J. (1985). "There ain't nobody on my side": A new day treatment program for Black urban youth. *Journal of Clinical Child Psychology, 14*(3), 214-219.

Black, inner city, indigent youth present clinicians with an array of psychological, educational, social, economic, and behavioral problems that defy traditional treatment methods. City Lights is described as a comprehensive day treatment model that has the potential to succeed with high risk youth. The program utilizes a self-paced computer-assisted education program within the context of a therapeutic community. Innovative strategies have been developed to accomplish both academic remediation and emotional development. Academic competence is seen as an essential component of psychological well-being. (Author's abstract)

This treatment program focuses on African-American youth, their families, and community. The author identifies an eclectic combination of education, intrapsychic development, and interpersonal skill training to assist youth. For example, a music program consists of a gospel singer and musician who work with youth to increase their awareness of African-American culture. The education component includes active participation in social, cultural, and spiritual programs offered by Black churches.

Williams, D.H. (1986). The epidemiology of mental illness in Afro-Americans. *Hospital and Community Psychiatry, 37*(1), 42-49.

This article is a well-researched, thorough presentation of the history of mental illness diagnoses of African-Americans in the United States. The author notes that social scientists and researchers live and work in cultural milieus that affect their understanding. A diagnosis of mental illness has been used to support slavery and deny citizenship on the basis of "primitive personality structure."

Survey samples from the community mental health movement of the 1960s were less biased, yet did not adequately poll African-American men or consider the influence of gender, culture, or social background. Moreover, these studies were based on inaccurate census figures.

In the past fifteen years, surveys have documented more complete pictures of mental health and substance abuse in African-American communities. However, the samples are not necessarily representative of all African-Americans. For instance, a series of surveys conducted by the National Institute of Mental Health included African-Americans in low-income catchment areas, but not those in higher income areas.

The author's historical overview indicates the ways in which culturally biased research has contributed to historic distrust of mental health services in the African-American community. Some thoughtful suggestions are presented for agencies serving cultural and ethnic minorities. Agencies have an obligation to be thorough and accurate in documenting client needs by assessing all members of the client community, including men, women, and children. This also involves documenting socioeconomic status, language, acculturation and cultural perspectives on health and well being. This information is important for researchers and agency administrators attempting to understand African-American people, communities, and behavior.

Culture Specific: Asian-American/Pacific Islander

Culture Specific: Asian-American/Pacific Islander

Chin, J.L. (1983). Diagnostic considerations in working with Asian-Americans. *American Journal of Orthopsychiatry, 53*(1), 100-109.

"It is generally accepted that ethnic differences can no longer be regarded as extraneous variables in diagnosis. Yet, how to work with these differences often remains unclear. Asian-American cultural views and values are discussed with respect to their influence on the assessment of intellectual and personality functioning. It is proposed that the diagnostic process include a focus on the adaptive potential of particular forms of cultural behavior." (Author's abstract)

The author addresses issues of diagnosis for Asian-Americans. Focusing on Chinese Americans, she finds that research has emphasized generalized traits in comparison to Caucasians or European-Americans. These generalized traits have been used to interpret differences as character deficits. Diagnosis based on generalized traits has underestimated intellect, justified an absence of services, and limited the diversity of treatment options that may be used by Asian-Americans.

She suggests that clinical practice should consider the lifestyle and cultural strengths of Asian-American groups. Diagnosis should examine adaptive behavior and cognition in a sociocultural historical context and the value system of the cultural group. Diagnostic issues affecting Asian-Americans include tests of intellectual functioning, language problems and tests of linguistic ability, and measures of personality functioning. Examples of these issues as they pertain to Chinese Americans are included.

Recommendations to agencies include the following: diagnosis should move from being a trait or typology model to being a tool for designing intervention; pluralistic norms and multidimensional criteria should be developed for cultural groups; a positive presentation of adaptive potentials and characteristics should be used to balance negative bias; clinicians must understand the complex role of bilingualism and language variables; and cultural views and values must be understood as they affect the differential development of cognitive and emotional skills and models of adaptation.

*Flaskerud, J.H. & Anh, N.T. (1988). Mental health needs of Vietnamese refugees. *Hospital and Community Psychiatry, 39*(4), 435-437.

A large majority of this sample of Vietnamese patients were separated from significant family members and thus were continuing to experience stressful life events. Location within an ethnic community would seem to be crucial to their developing a social support network. Their familiarity with the customs and values of such a community would also provide comfort and contribute to their social and mental well-being. Rather than resettling refugees across the U.S., as has been U.S. government policy, placement of refugees in existing ethnic refugee communities might well be the goal of social services concerned with resettlement, placement, and housing. (Author's abstract)

The authors identify three categories of services considered critical to meeting the needs of Vietnamese refugees: community outreach and education, social services, and culturally-relevant mental health counseling for adjustment problems. The study

identifies issues specific to Vietnamese refugees and may be helpful in identifying behaviors that are normal, given refugee children's circumstances and life experiences. This information may be particularly valuable to providers working with refugee youth, or first generation children of refugees, with emotional disabilities.

Freed, A.O. (1988). Interviewing through an interpreter. *Social Work, 33*(4), 315-319.

"Clinical interviewing requires talent, but interviewing through an interpreter requires unique skills. This article discusses the need for social workers to work with interpreters as professional teams so that the social workers understand not only the words but also the nuances of the language and culture of non-English-speaking clients." (Author's abstract)

Although the author writes about a clinical setting, her conclusion states that "agencies and clinics should offer services to non-English-speaking clients as much as possible." She suggests that interpreters can play important roles and serve not merely as language translators, but as cultural consultants. Extensive training for interpreters is critical in providing an understanding of the goals and methods of social work, sensitivity to emotional issues in interviews, understanding of confidentiality issues, and ability to detach from their own biases regarding the social, economic, class status and sex of clients. Ideally, interpreters should be of the same culture as clients.

The author points out that when workers are in a different country, they are the foreigners and the interpreter and client are the hosts. Social workers are urged to become familiar with the local culture, attitudes towards social work, and experiences of clients with previous social workers. These concepts may also be applicable to an agency serving minority communities. The agency should become familiar not just with the general culture, but with the culture specific to the local group.

This article has implications for serving minority communities that use English as a primary language but whose dialect, argot, or slang creates a barrier in communication.

Gould, K.H. (1988). Asian and Pacific Islanders: Myth and reality. *Social Work, 33*(2), 142-147.

Asian and Pacific Islanders are a rapidly increasing minority group in the United States. This article studies the current social reality for this minority of color as background information to assess the validity of recent claims that Asian and Pacific Islanders no longer qualify as an underrepresented or disadvantaged group. The author urges reassessment of societal and professional views to establish a less stereotypic image of Asian and Pacific Islanders. (Author's abstract)

The author suggests that an approach emphasizing the "person-in-society" may be effective in working with cultural minority clients. This approach differs from the person-in-environment model in examining "the potential of the system to respond positively to minority needs and the ability of the profession to produce such a

response." Striving to fit the person into the environment does not always meet the needs of cultural minorities; transforming institutions to meet client needs is sometimes a more appropriate goal. The author underscores the importance of recognizing agencies' ideological assumptions and values upon which treatment philosophies are based.

*Higginbotham, H.N. (1984). *Third World Challenge to Psychiatry: Culture Accommodation and Mental Health Care.* Honolulu: The University of Hawaii.

The author documents the history and impact of Western mental health care on several different cultural systems in third world countries. He states that psychotherapy has a strong Western cultural bias and serves as a process of resocializing clients to expected cultural norms. Since cultural norms differ from society to society, systems of mental health care are culture-specific and cannot be transferred without adjustments to another society. When a system of care is imposed upon a cultural group without assessing its norms and needs, correctness-of-fit is likely to suffer. The new system of care may attempt to replace indigenous systems, thus attacking cultural and social values.

Without familiarity with the language, values, and customs of the local cultural setting, human service systems may fail. The author suggests methods for integrating services into the community. One method involves friends and family in the treatment process through goal setting, service delivery, and rehabilitation. Community members could participate in planning program policies and goals by having indigenous leaders serve as advisors to program administrators. Knowledge of indigenous mental health resources may be highly useful to professionals. Recognition of cultural expectations of the professional, client, and family; bilingual staff; and sensitivity to cultural communication norms are all suggested steps to more effective human services.

Yee, T.T., & Lee, R.H. (1977). Based on cultural strengths, a school primary prevention program for Asian-American youth. *Community Mental Health Journal, 13*(3), 239-248.

As Asian-American mental health workers in a community mental health center where there is very little being done to provide appropriate services to its Asian-American population, we felt a need to find effective mental health models for the unique cultural and linguistic characteristics for our people. The high school primary prevention program described in this paper provides Filipino youth with a positive view of their cultural identity and a supportive place to examine how their cultural values and behavior differ from those of mainstream Americans. Recognizing that ethnic minorities need to rely on their own subculture for the kind of psychological and social support required for positive mental health, the program is aimed at mobilizing the strengths and resources of that particular subculture. In this way, its members can more effectively cope with the larger culture. (Authors' abstract)

The authors describe an education project in which the minority client's cultural strengths were used to increase overall mental health. The ten sessions covered five topics: (1) introduction; (2) basic communication skills; (3) self and identity; (4) generational values; and (5) self and dominant American society.

Culture Specific: Asian-American/Pacific Islander

The authors hired several students to conduct an evaluation and to avoid overly positive, "respectful" responses. The evaluators found that students favored continuing the program, and particularly appreciated the presenters as positive ethnic role models.

The authors include a discussion of premises suggested for replication of similar programs: (1) culture conflict is normal and resolution is achieved by balancing the two cultures; (2) dysfunctional behavior in one culture may be quite functional or admirable in another culture; (3) practitioners must respect minority communities by collaborating with them; and (4) prevention programs must focus on promotion of health and well-being in accordance with cultural perspectives and behaviors.

Culture Specific: Hispanic-Latino American

Culture Specific: Hispanic-Latino American

*Barrera, M. (1978). Mexican-American mental health service utilization: A critical examination of some proposed variables. *Community Mental Health Journal, 4*(1), 35-45.

A number of reports indicate that Mexican-Americans have a lower prevalence of mental health service usage than other ethnic groups. Although a number of factors have been proposed to account for their underutilization, none of the factors have been adequately supported by existing research. Variables associated with the responsiveness and quality of mental health services, particularly the availability of bilingual-bicultural staff, are advocated as the most relevant areas for future research. (Author's abstract)

It may be desirable to assess these variables in agency delivery systems to better understand dynamics of serving Hispanic and other communities where bilingualism-biculturalism are relevant factors in service delivery.

Cameron, J.D. & Talavera, E. (1976). An advocacy program for Spanish-speaking people. *Social Casework, 57*(7), 427-431.

This article examines the issues involved in creating an advocacy program within an existing agency. The Family Service Agency of San Mateo County in California developed program goals based on the needs of the Spanish-speaking people of the community. The agency eliminated one fee-based full-time counseling position to hire a full-time bilingual community advocate. Considerable effort was made to subsidize an expanding advocacy program; community boards were established to examine barriers to services, funding prospects, and methods to achieve program goals. The authors discuss the importance of selecting candidates who can relate to the community and understand the emotional cost of the advocate's role.

The most significant barrier has been the reluctance of other agencies to perceive the needs of the minority cultural community. This has been manifested by the difficulty in developing a funding base for the advocacy program.

Gaviria, M. & Stern, G. (1980). Problems in designing and implementing culturally relevant mental health services for Latinos in the U.S. *Social Science and Medicine, 14*(B), 65-71.

Passage of the Community Mental Health Centers Act in 1963 by the U.S. Congress reflected a new concern for providing mental health services to previously underserved communities, particularly minority communities in the inner cities. This legislation also reflected a new goal of primary prevention through social change. It has been assumed that utilization by non-white, non-middle class patients will increase when services are "culturally relevant." Latinos comprise the second largest and fastest growing minority in the U.S., yet have consistently underutilized mental health services.

Three constituencies active in planning mental health services for Latino populations are: governmental funding agencies, social scientists, and Latino activists. Each has approached the issue of cultural relevance in mental health service delivery from different perspectives. Governmental funding agencies stressed geographic proximity

to services; social scientists emphasized the need to recognize indigenous, folk belief systems and practitioners; and Latino activists saw the key to cultural relevance in providing bilingual and bicultural staff. While these views are not mutually exclusive, the three constituencies have frequently clashed, impeding changes. The author presents a case study that illustrates the difficulty of defining and implementing culturally relevant services in a Mexican/Chicano community mental health center. Directions for future research are suggested for developing and evaluating culture-specific treatment modalities.

Granado, L. (1987). The link to classism. *Sojourners, 16*(10), 36-37.

This article is written from a theory base in which social class divisions are perceived as a primary issue in the United States. Granado states that the tactics used by some peace organizers are the same as those used by people who promote war activities. If meaningful social change is to occur, then the means for effecting change must be considered as important as the change itself. She admonishes many change-oriented organizations for mistakenly assuming the class-bound values of the institutions they propose to change.

*Keefe, S.E., Padilla, A.M., & Carlos, M.L. (1979). The Mexican-American extended family as an emotional support system. *Human Organization, 38*(2), 144-152.

Over a three year period, this research project gathered data regarding family structure and integration, mental health resources, and cultural awareness and loyalty. The purpose was to study differences between Anglo and Latino families. The researchers found that Mexican-Americans were more likely than Anglos to live in communities where relatives were residing. Anglos used friends, neighbors, co-workers and groups as emotional support systems, whereas Mexican-Americans used extended kinship networks.

It may be helpful for agencies to determine the function of family structure and inherent cultural strengths in providing emotional support to clients.

Medina, C. (1987). Latino culture and sex education. *SIECUS Report, 15*(3), 1-4. Sex Information and Education Council of the U.S.

This article is written for family life educators and addresses the issue of integrating cultural factors into the programs serving Latino clients. Nine cultural factors are described, with methods for their integration into the service system. These cultural factors include language, religion, family patterns, parental attitudes, gender roles, attitudes towards homosexuality, formalidad, fatalismo, and the community.

If a program is to be successful in a Latino community, it must be bilingual. Parental attitudes toward conserving the culture and language of their children are often perceived as barriers by social service professionals.

Religion is rarely considered a part of social service delivery, yet it is integral to Latino culture. Eighty-five percent of Latinos are Catholic; others are members of

Protestant churches or of the espiritismo and Santerismo faiths.

Ties to a wide circle of family members are considered normal and necessary; therefore, services designed for individuals may be underutilized.

Gender roles are strong and begin at birth. Although these rolls are challenged by mainstream society, they have a strong impact on children's expectations of themselves and others. Discrimination against homosexuals and lesbians is severe, as homosexuality represents a dishonor to the family.

Formalidad refers to the high level of formality when dealing with outside authorities; respect and politeness may appear submissive to one unfamiliar with this concept.

Fatalismo refers to the tendency to assume that life events are not controllable and that the individual has little or no power. An agency philosophy of individual empowerment might come into direct conflict with fatalismo.

Finally, community spirit is demonstrated through a number of community meeting places: social clubs, bogedas, and churches. Agencies may have difficulty attracting clients solely because they are not part of the community.

The author suggests that: agency staff be bilingual; religious aspects be incorporated into services when necessary; services be based on an extended family model; agency staff support parents in their struggle to maintain cultural ties for their children; cultural gender roles be recognized and homosexuals and lesbians be understood as having additional cultural stigmas; client formality is respected; fatalism is incorporated positively into services; and agencies work within a community context.

Munoz, J.A. (1981). Difficulties of a Hispanic-American psychotherapist in the treatment of Hispanic-American patients. *American Journal of Orthopsychiatry, 51*(4), 646-653.

Minority group therapists may be especially susceptible to guilt and despair, having recently emerged from poor communities. A wish to make magical reparations can lead to denial of pathology in patients of the same minority background or to collusion in attributing intrapsychic problems to socioeconomic conditions. The experiences of a Hispanic-American psychotherapist in recognizing and dealing with these difficulties are elaborated and an illustrative case example is offered. This article suggests training for minorities regarding the ways in which their cultural background could detract from the psychotherapeutic process, by attempting to compensate for the experiences of their same-culture clients.

*Ortiz, V., & Arce, C.H. (1984). Language orientation and mental health status among persons of Mexican descent. *Hispanic Journal of Behavioral Sciences, 6*(2), 127-143.

A number of research studies have been conducted to estimate the incidence of poor mental health among Mexican-Americans. However, researchers have not always focused on the factors that affect mental health in this group. The author examined acculturation, language orientation, and socioeconomic status as variables affecting

Culture Specific: Hispanic-Latino American

Mexican-American adult mental health.

Acculturation is described as a multidimensional process that may facilitate mental health. A Hispanic person of lower class status experiences discrimination and language barriers, which creates stress and can potentially lead to mental health problems.

However, acculturation has also been hypothesized to have an adverse effect on mental health. From this perspective, the assimilated individual loses the support structure provided by their traditional culture and consequently experiences great stress.

A third hypothesis examines biculturalism, in which individuals accommodate to some aspects of the host society and retain characteristics of the traditional culture. The author argues that a bicultural individual might experience fewer mental health problems.

The author's research found that language orientation had a greater effect on mental health for Mexican-Americans of high socioeconomic status (SES) than for those of low SES. Mexican-Americans benefitted more from bilingualism than speaking English or Spanish only. The author recommends that agencies be well-versed in the benefits and deficits of biculturalism. Agencies and practitioners should develop the ability to incorporate both cultures successfully to serve clients of all levels of acculturation.

Padilla, A.M., Ruiz, R.A., & Alvarez, R. (1975). Community mental health services for the Spanish-speaking/surnamed population. *American Psychologist, 30*(9), 92-905.

This article delineates the reasons that the Spanish-speaking population receives poorer mental health care than other U.S. citizens and offers some recommendations for remedying this situation. (Author's abstract summarized)

Several client-based reasons are cited for underutilization: low frequency and severity of mental illness and use of folk medicine and healers. The authors also specify four institutional variables primarily responsible for underutilization: (1) physical inaccessibility; (2) language barriers; (3) class-bound values; and (4) culture-bound values. Three models are described for designing programs to serve minority client populations. The Professional Adaptation Model involves learning the client's language. In the Family Adaptation Model, professionals imitate the roles of Hispanic family members in a therapeutic setting. The Barrio Service Center Model involves community centers in advocating for clients and their basic economic needs.

"The major conclusion is that successful therapeutic models...are possible when cultural and social variables are made part of the therapeutic setting."

Rogler, L.H., Malgady, R.G., Costantino, G. & Blumenthal, R. (1987). What do culturally sensitive mental health services mean? The case of Hispanics. *American Psychologist, 47*(6), 565-570.

The authors provide a brief history of the inadequacy of traditional therapy with low income and cultural minority clients, particularly focusing on the characteristics

contributing to mental health problems in the Hispanic population. Three broad approaches to cultural sensitivity are identified: (1) modifying traditional treatment; (2) selecting specific therapies to fit the culture; and (3) using cultural elements to modify traditional treatments. Culturally sensitive treatment plans should be based on an assessment of the degree of client biculturality or acculturation. Specific components of cultural sensitivity are described within these three approaches.

In the first approach, an accessible traditional program should increase congruence between professional and cultural values. This approach involves incorporating an indigenous referral system and retaining bilingual/bicultural staff.

In the second approach, therapies may be selected that are congruent to client cultures such as Jungian dream work and the Mexican cultural interpretation of dreams.

In the third approach, treatments such as family therapy may be modified to buttress traditional cultural patterns. The authors recommend that cultural patterns be redirected according to therapeutic goals.

The authors discuss the development of culturally sensitive treatment of children, noting that second generation children are caught between two cultures and at risk for poor mental health. Storytelling, or cuento therapy, has been useful in working with these children by reinforcing adaptive behavior while transmitting cultural values.

The authors conclude that there is a progression in the three identified treatment modalities, with modifying traditional treatment being the least effective approach and using culture in treatment as the most effective approach.

Rosado, J.W. (1980). Important psychocultural factors in the delivery of mental health services to lower-class Puerto Rican clients: A review of recent studies. *Journal of Community Psychiatry, 8*(3), 215-226.

In the author's literature review, seven factors were found to be involved in the differential psychocultural orientation to therapy for lower-class Puerto Rican clients. These factors are: (1) time orientation; (2) etiology of psychological problems; (3) psychological support systems; (4) verbal communication; (5) nonverbal communication; (6) language; and (7) conceptions of physical and mental well-being. Attitudes and expectations of Anglo therapists and Puerto Rican clients were examined regarding the roles of client and therapist, duration of therapy, and therapeutic objectives. Five psychological and sociological factors were perceived as affecting lower-class Puerto Rican clients' utilization of psychological services: (1) geographic accessibility; (2) cultural support systems; (3) religionism; (4) Puerto Rican folk therapy; and (5) machismo.

The author suggests that therapists have a responsibility to obtain a working knowledge of sociocultural variables affecting client values, belief systems, social roles, and coping behaviors. He states that therapists violate professional and ethical standards when they do not address client problems within their sociocultural setting.

In conclusion, the author recommends improving utilization of services by Hispanic clients by: (1) conducting in-depth mental health needs assessments of client communities; (2) training staff in client cultures; (3) incorporating minority client psychocultural characteristics into service delivery; (4) locating services in client

communities; (5) training minority community leaders and including them on policy-making boards; (6) employing bilingual and bicultural staff; (7) using bilingual advertising; (8) personalizing intake sessions; (9) diminishing the stigma of help-seeking behavior; and (10) changing professional education to emphasize work with cultural minorities.

*Sabogal, F., Marin, G., Otero-Sabogal, R., Vanoss Marin, B., & Perez-Stable, E.J. (1987). Hispanic familism and acculturation: What changes and what doesn't? *Hispanic Journal of Behavioral Sciences*, *9*(4), 397-412.

This investigation studied the effects of acculturation on attitudinal familism in 452 Hispanics compared to 227 white non-Hispanics. Despite differences in the national origin of Hispanics, Mexican-, Central- and Cuban-Americans reported a core characteristic in the Hispanic culture. Three basic dimensions of familism were found: familial obligations, perceived family support, and use of family as referents. The high level of perceived support is the most essential dimension of Hispanic familism; this dimension remained constant across all levels of acculturation. Familial obligations and the perception of the family as referents appear to diminish with acculturation. Although these two dimensions of familism decrease concurrently with the level of acculturation, attitudes of persons who are highly acculturated are more familistic than those of white non-Hispanics. (Author's abstract summarized)

The authors offer two descriptions of familism: (1) a strong identification and attachment of individuals their families, and (2) strong feelings of loyalty, reciprocity and solidarity among family members. A literature review provides some evidence that the family is the most important institution for many Hispanic people.

It may be helpful to identify the importance and potential use of the family as a point of reference and source of help for the child with a serious emotional disorder. Even when the child and family appear to be well-acculturated, important traits of the culture of origin may remain.

*Zepeda, M., & Espinosa, M. (1988). Parental knowledge of children's behavioral capabilities: A study of low income parents. *Hispanic Journal of Behavioral Sciences*, *10*(2), 149-159.

This research attempted to identify cultural differences in perceptions of child development among low-income Latino, Anglo, and African-American mothers. The participants were 139 mothers attending parent education classes. Using the Child Development Questionnaire, researchers determined that foreign-born Latino women perceived children's behavioral capabilities to develop at a later age than perceived by American-born Hispanic, Black, and Anglo women. The mother's education in the U.S. was also significant; the more education in the U.S., the earlier mothers expected the child to develop.

It may be beneficial to determine parental expectations of child development to establish appropriate client goals. Assessing the parents' culture, degree of assimilation, and socioeconomic status is also important in understanding expectations and parent/child relationships.

Culture Specific: Native American

Culture Specific: Native American

Attneave, C.L. (1969). Therapy in tribal settings and urban network intervention. *Family Process, 8*(2), 192-210.

The author describes the use of Network Therapy with urban Native American tribal groups. Network Therapy is based on "mobilizing the family, relatives and friends into a social force that counteracts the depersonalizing trend in contemporary life patterns." Network Therapy may bolster the existing social support systems of cultural minorities, thus healing the natural systems and enabling them to better support system members. Agencies seeking to improve services to minority populations may adapt the model to fit a variety of cultural groups. This article addresses the issue of utilizing resources within Indian communities to complement formal agencies that comprise the system of care.

Beane, S., Hammerschlag, C.A., & Lewis, J. (1980). Federal Indian policy: Old wine in new bottles. *White Cloud Journal, 2*(1), 14-17.

The authors outline U.S. federal Indian policy and its role in victimizing Native Americans. They state that the federal government is not likely to change the paternalistic nature of relationships with Native American people because U.S. administrative, institutional, and philosophical structure has not changed.

The authors call for a restructuring of federal policy, and change initiated by Native Americans and then acted upon by federal agencies. They suggest intertribal study and analysis as a means to determine cultural strengths, and inter-community educational efforts to assert the vitality and strength of cultural communities within and near mainstream communities. The authors also advise a restructuring of education to incorporate cultural values, skills, and competence within specialized programs in the sciences, technology, business, law, and medicine.

Berlin, I.N. (1982). Prevention of emotional problems among Native American children: Overview of developmental issues. In Chess, S. & Thomas, A. (Eds.), *Annual Progress in Child Psychiatry and Development*, (pp. 320-333). New York: Brunner/Mazel Publishers.

The Native-American child's achievement of developmental tasks may be seriously interfered with by the depression and alcoholism of the nurturing adults. Native-Americans are caught between a hostile Anglo society and a not very powerful Native culture. Generations of such conflict are in some cases being altered by more militant use of their ancient heritages, along with finding ways to keep adolescents employed and a part of the community. Examples of early intervention and secondary prevention efforts at several development stages indicate that constructive changes are possible, though still very difficult.

Problem-solving approaches in education which involve adolescents learning about child development through their engagement in early intervention programs, alter the adolescents' understanding of children, enhance cultural values, and provide adolescents with marketable skills.

Culture Specific: Native American

Teaching Native-American paraprofessionals techniques of early identification and early intervention is one important step in prevention programming in the Native communities. Many communities are becoming oriented toward early intervention and secondary prevention. Health and mental health professionals who work with such communities must acquire special knowledge and skills for training and collaboration. (Author's abstract)

*Bobo, J.K., Gilchrist, L.D., Cvetkovich, G.T., Trimble, J.E., & Schinke, S.P. (1988). Cross-cultural service delivery to minority communities. *Journal of Community Psychology, 16*(3), 263-272.

This article describes a drug abuse prevention program developed for adolescent Native Americans. After examining published and unpublished information and developing this program, researchers consulted with members of several tribal groups. The consultants found that many tribal groups had begun work in this area but a program had yet to be completely implemented. Based on this needs assessment, the researchers focused on designing a program that could be permanently incorporated into tribal communities.

Acting as information brokers, the consultants identified and recommended an adolescent alcohol abuse prevention curriculum. Local Board members and Indian consultants identified three criteria for the program: (1) lesson plans should be flexible enough to address intertribal diversity; (2) the materials should acknowledge the range of substance use in the communities, rather than present abstinence as the only option; and (3) the materials should visually emphasize non-substance abusing lifestyles of Native people.

Board members identified "gatekeepers" in target communities, who included social service workers, tribal council members, and educators. Gatekeepers acted as conduits to the communities, both as key informants and in soliciting community input.

Collection and use of data have often been issues in research with Native American communities. To allay concerns of tribal communities, the program staff reviewed all materials, question by question, with Board members and community representatives. Once collected, data was provided to participating tribes. Great attention was paid to the use of standardized tests; the norm for all tests was based on a sample of Indian adolescents.

Post-tests were conducted six weeks after pre-tests. Researchers believe that this affected the lack of statistically significant change. Further use of the program, as it becomes integrated into the communities, may produce more significant changes.

Although the initial client outcomes were not what researchers hoped to find, the process of developing this program was considered very helpful by the tribal communities. Half of these communities continue to use the program design.

Culture Specific: Native American

Brown, E.F. (1977). Self-determination for Indian communities: A dilemma for social work education and practice. In Peirce, F.J. (Ed.), *Mental Health Services and Social Work Education with Native Americans*, (pp. 1-10). Norman, OK: University of Oklahoma.

The author addresses some issues in social work education. Brown presents a strong description of the historical distrust of social work by Native Americans and he supports structural and ideological changes in social service systems so that the minority populations may gain control over services.

Some strategies presented for schools of social work are applicable to agencies seeking to improve services to minority populations. The author suggests research to define community perspectives on social conditions and training for providers to deliver services which are in harmony with a given cultural group and support the concept of self-determination.

Charleston, S. (1987). Victims of an American Holocaust. *Sojourners, 16*(10), 32-33.

This article describes racism towards Native Americans in historical, political, and economic perspectives. Western colonial expansion is viewed from the Native American perspective. One of the more effective genocidal tools involves erasing the memory of Native America by trivializing Native Americans through a variety of media. The author explains the difference between the American Dream and Native American civilizations that "radiated out from a religious center through the communal network of extended family and kinship." He describes the tribe as a metaphor for community and a symbol of the strength of the oppressed.

Building on tribal or community strengths is important in combatting institutional racism and supporting individual tribal or community members.

Cingolani, W. (1973). Acculturating the Indian: Federal policies, 1834-1973. *Social Work, 18*(6), 24-28.

The author describes the formation of the Bureau of Indian Affairs (BIA), the General Allotment Act of 1887, and the impact of these two events in setting the trend for federal policy through 1973. He traces the basic federal policies of the 20th century and asserts that these policies have failed the American Indians. The policies are perceived as narrow and ethnocentric because they were motivated by the "Anglo" desire to exploit Indian resources and as a result of the bureaucratic administrative structure of the organization that carries out Indian policy, the BIA.

The author suggests major agency changes to address needs as perceived by Native Americans. The author also proposes that each Indian culture be examined by its members to determine its viable aspects. Indian people could develop aspects that are compatible with the dominant culture, thus regaining lost cultural strengths and remaining bicultural.

Coyle, N. (1984). Adoption problems among ethnic groups: Lumbee Indian children. *Residential Group Care and Treatment*, *2*(1-2), 149-160.

The author details the progress of a Native American girl with an emotional disability. She is followed through placements in three foster homes and ultimately to the discovery and understanding of her own cultural heritage, which provides a model for enhanced self image and facilitates her recovery. The changes that occurred within the child through her discovery enabled her to feel more secure in new environments, including her placement with an adoptive family. The author identifies the role culture plays in foster and adoptive placements and illustrates the ways in which cultural identity can be used as a creative therapeutic aid or support.

Cross, T. L. (1986). Drawing on cultural tradition in Indian child welfare practice. *Social Casework*, *67*(5), 283-289.

Since the passage of the 1978 Indian Child Welfare Act, development of Indian child welfare programs has been increasingly influenced by Indian tradition, role models, and natural helping systems. An important dual role is postulated for these programs: providing services and maintaining cultural integrity. (Author's abstract summarized)

The author describes the background of Indian child welfare services in the United States and suggests that social services often conflict with existing natural systems. Thirty tribes in the Northwest U.S. are now providing services that focus on strengthening natural systems. Tribal services are using strategies that emphasize the role of the extended family, particularly in substitute care and case planning. One organization has an elder on staff who links families in trouble with natural helpers; these helpers are role models as well as resources.

To establish the agency's role within a cultural community, it may be useful to determine the helping abilities of the extended family and of natural helpers.

Dana, R.H. (1984). Intelligence testing of American Indian children: Sidesteps in quest of ethical practice. *White Cloud Journal*, *3*(3), 35-41.

This author points out linguistic and cultural barriers to accurate testing of Indian children. He suggests that American Indian cultures emphasize the development of performance abilities over abstract verbalization. The extent to which verbal skills increase is a function of acculturation rather than intelligence, and should be measured as such. He sees acculturation as an inevitable process and suggests that Indian youth need validated access to two learning processes: cultural specific and mainstream.

*Dana, R.H., Hornby, R., and Hoffman T. (1984). Local norms of personality assessment for Rosebud Sioux. *White Cloud Journal*, *3*(2), 17-25.

Study participants were students, faculty, and staff of an Indian college, and employees of social service and educational agencies in the community. The average age, level of education, proportion of females, and percentage of underemployed

individuals was higher for study participants than for the general Rosebud Sioux population. The battery of tests included life stress, locus of control and responsibility, world view, and value components.

Results of this study suggested: very high life stress; similar attributions of control and responsibility to non-Indian, college-educated Americans; and a need for elaboration of world view. Rosebud Sioux are aware of discrepancies between an ideal individual locus of power and responsibility and perceived powerlessness of overwhelming external social forces.

A similar study might be beneficial for communities evaluating the usefulness of services to their own population and for service agencies desiring to serve a particular population more effectively. Such a study would also be useful in determining the most appropriate services and service delivery system. In another article, Dana suggests there will be a more elaborate test battery, which might also be useful.

Edwards, E.D. & Edwards, M.E. (1980). American Indians: Working with individuals and groups. *Social Casework*, *61*(8), 498-506. Family Service Association of America.

This article is aimed at direct service workers and educators. Recommended intervention strategies include adapting group work to maximize the value of consensus, planning long-term investment in task groups and identifying leadership among Indian people. Once a trust level is firmly established, the policy interpretation role of the social worker or agency may be highly appropriate in aiding communities to accept or change bureaucratic governmental bodies.

It may be appropriate to use strategies such as these if the minority community identifies issues appropriate to such methods.

Fields, S. (1976). Folk healing for the wounded spirit--medicine men: Purveyors of an ancient art. *Innovations*, *3*(3), 12-18.

This article contains an examination of the value of medicine men in the prevention and treatment of mental illness. A description is provided of a program designed to train new medicine men and to help social service agencies and medicine men work together. Although the focus of the program is on adults, it has value as a cultural reference and in encouraging thinking about the ways in which medicine men could be used to help meet the needs of Indian children with emotional disorders.

This program has existed since 1969 and trains medicine men in both the traditional forms of healing and the principles of "Anglo" medicine. Program emphasis is on harmony with family, friends, and nature. Medicine men learn healing rituals and use of ritual objects; there are 35 ceremonies and each medicine man specializes in two to four.

Family harmony and community involvement in mental and spiritual health are stressed. The Anglo medical model of placing an ill person in a hospital away from the family and community is particularly inappropriate for culturally adherent Navajos, as they believe that they cannot become well without their families to help them.

Culture Specific: Native American

Children with severe emotional disorders may be helped by medicine men and rituals as well as Anglo therapy. Even when cultural methods appear completely different from the agency's methods, the agency and community leaders may identify areas of common ground for collaboration, as did this training program.

Fields, S. (1979). A life in the crowd, a trail of concrete. *Innovations, 6*(3), 8-12.

This article discusses some of the history and hardships of Native Americans, particularly mental health problems associated with the move from reservation to city. This article describes a successful model program. The Urban Indian Child Resource Center in Oakland, CA has established many Indian foster homes, and created a "family representative" to coordinate services and establish networks to meet needs off the reservation.

This type of community-oriented approach may be effective in agencies serving cultural minority populations.

First model preschool program developed at Tucson for handicapped Indian children (1971). *Journal of American Indian Education, 10*(3), 1-2.

This article describes a model program which screens, evaluates, and develops curricula for children with physical, mental, and/or emotional problems. The planning process included developing cooperative relationships with cultural communities; determining the number of urban cultural minority children; and developing appropriate screening procedures and instruments. A program was developed for parents by Cultural Minority Advisory Board members.

Evaluation of this program may be of value to agencies wishing to address the multiple needs of children with emotional disabilities and their families.

*Fischler, R. & Fleshman, C. (1985). Comprehensive health services for developmentally disabled Navajo children. *Developmental and Behavioral Pediatrics, 6*(1), 9-14.

This research addresses the effect of a number of variables, primarily parental or service agency-related variables on the diagnosis and treatment of Navajo children with developmental delays. The children in this study live within the service area of a reservation in Northwestern New Mexico. The authors report major problems in referrals between agencies and in a lack of parental understanding concerning the developmental aspects of their child's problem. Language barriers contribute to this lack of understanding; there is no Navajo word to convey the concept of developmental disability. Many Navajo parents believe that the person who discovers

a problem is responsible for correcting it. This is a demonstration of the difference in world views between traditional Navajos and professionals. Navajos do not understand why professionals are often unable to fix problems after diagnosing them.

Agencies may benefit from an awareness of parental support services and an understanding of cultural perspectives.

Foster, C.G. & Gable, E. (1980). *The Indian Child in Special Education: Two Persons' Perceptions.* Flagstaff, AZ: unpublished paper.

These six essays address the implementation of Public Law 94-142, special education for Native American children. Public Law 94-142 guarantees all exceptional children the right to a free education. Educational programs must be tailored to meet individualized needs by providing appropriate instruction and a least restrictive environment for pupils' participation in learning. For the Native American exceptional child, this concept of education presents an innovation.

This paper contains a description of the implementation of Public Law 94-142 on a reservation. After the child's primary language is determined, an evaluation is conducted. Once the evaluation is completed, a multidisciplinary meeting is held regarding placement of the child and an individualized education program is developed. The parent or guardian may participate in this meeting and an interpreter may be present to establish open communication. Mainstreaming processes are briefly described. This description offers an outreach model useful in cultural communities, particularly Native American, immigrant or refugee communities.

Good Tracks, J.G. (1973). Native American noninterference. *Social Work, 18*(6), 31-35.

This article explains the concept of noninterference and its impact on social work with non-assimilated Native Americans. According to the author, the social work profession has good intentions, but is based on a philosophy that has involved coercion and suggestion to insure adherence to its Western European roots. The article implies that social work is based on "rescuing," and is therefore at odds with Native American cultures because of their value of noninterference. Noninterference prohibits interference with others' actions, even when foolish or dangerous. Voluntary cooperation is the key to maintaining social control and sustaining appropriate behavior in the Native American community.

The author suggests that a lack of awareness of noninterference may lead non-Indian social workers to wait a long time before being asked to help with a social problem. Conversely, their assistance may be perceived as rude or intrusive. Patience is highly valued by Native Americans and social workers of other cultures will have to demonstrate patience to be able to utilize their skills in a Native American community.

The author implies that agencies should be careful not to push services onto the community in any way. This careful attitude may be facilitated by building relationships with individuals who are currently trusted by members of the community.

Culture Specific: Native American

Groves, J. & Cross, T.L. (1986). *The Changing Role of the Private Agency with Indian Children.* Portland, OR: unpublished paper.

The authors describe the history of Native American child welfare and the impact of the Indian Child Welfare Act of 1978. The Act has brought about the development of new approaches by private agencies in serving Native American children. The authors describe the efforts of ten agencies to improve these services. Three trends in service delivery: advocacy for children; culturally sensitized services; and cooperative efforts with tribal programs. Throughout the paper, many suggestions are offered for developing agency cultural competence.

Hammerschlag, C.A. (1982). American Indian disenfranchisement: Its impact on health and health care. *White Cloud Journal, 2*(4), 32-36.

The author describes the political environment of Native American health giving an overview of federal policy. He describes Native Americans as disenfranchised and deprived of rights of citizenship and discusses "learned helplessness" as a strategy used by disenfranchised people to defend against change. The author challenges the reader to see health fundamentally as a political issue involving economics, social conditions and history. Preventive programs may be developed to build a personal sense of pride, purpose, and power. An important component of prevention may be active advocacy by tribes and communities on behalf of their members.

*Jones, D.M. (1978). The mystique of expertise in social services: An Alaska example. *Journal of Sociology and Social Welfare, 3*(3), 332-346.

The author examines the social work profession and the roots of the mystique of professional expertise. Social workers do not perceive clients as reliable sources of information about their own cultures and also believe that reliance on clients would expose a professional lack of expertise.

An occupational focus on high income and prestige may conflict with the role of helper. Social workers may affirm their status as experts by socializing or assigning clients to a role of humble supplicant. The author suggests that social workers resolve this dilemma by interpreting problems and behavior from the client's cultural perspective.

Social workers and agencies may be cautious of this because evaluation could expose a lack of expertise or knowledge. Therefore, existing evaluations tend to focus on numbers of clients rather than quality of treatment. The author perceives agency and professional resistance to evaluation as based in jeopardizing professional standing and possible funding for services.

Agencies may improve services by developing knowledge bases of client cultures, which may be fostered by asking clients about their cultural dynamics. Such relationships may enhance services as clients are empowered by social workers.

Culture Specific: Native American

Kessel, J., & Robbins, S.P. (1984). The Indian Child Welfare Act: Dilemmas and needs. *Child Welfare, 58*(3), 225-232.

"Since its passage in 1978, PL 95-608 has been a source of controversy. It is poorly understood and, hence, poorly practiced. Writing in the interests of all parties (judicial, child welfare, and Indian), the authors give an overview of the significance of PL 95-608 and the obstacles that beset its implementation; and they suggest avenues of training to overcome obstacles." The Indian Child Welfare Act (ICWA) was designed to return jurisdiction of Native American children to their respective tribes. Previously, many families were broken apart due to foster and adoptive placements made by the traditional child welfare system without regard to the cultures of Native American families.

This article suggests the following implementation strategies to address the needs of Native American families: training of tribes in court proceedings; identifying monetary resources and establishing programs to assist tribes with administrative responsibilities; clarifying problems specific to children of mixed blood; training for social service workers in cultural issues; and training and developing practices, procedures, and training for Native American social workers.

Agencies serving children from minority cultures should train staff not only in clinical and cultural issues, but also regarding the legal aspects of child welfare systems. Community training in advocating for children, and hiring and supporting workers of minority cultures, are important avenues for enhancing service delivery to minority groups.

*LaFromboise, T.D. & Plake, B.S. (1984). A model for the systematic review of mental health research: American Indian family, a case in point. *White Cloud Journal, 3*(3), 44-52.

This article reviews the barriers to involving American Indians in educational research, discusses existing attempts to overcome these barriers, and proposes a method of training American Indian researchers within the mainstream of graduate education. The integration of cultural concepts into existing research training is examined. A model is presented for the collection and annotation of research material and the design of research on American Indians. It is suggested that the proposed model provides a framework for organizing cultural content into modules which may be easily infused into existing graduate curricula. Cautions about conventional methods and ideas for their adaptation to meet the educational research needs of American Indians are provided. The methods proposed may also be generally useful to other, non-Indian ethnic groups with research needs. (Author's abstract)

LaFromboise, T.D. (1988). American Indian mental health policy. *American Psychologist, 43*(5), 388-397. American Psychological Association.

The author presents a review of services, and their utilization, by Native Americans. Her review spans federal, state, and local government, university, and tribal mental health programs. Several tribal-based programs appear to deliver innovative and

flexible services. The author discusses assumptions made by psychologists and Native Americans about each other and analyses the value systems in which their differences are rooted.

System-wide changes are recommended, including: (1) active recruiting of Native Americans into the mental health field; (2) training mental health professionals in cultural competence; (3) changing the theory base of human service workers to build on client strengths and social support systems; and (4) stimulating tribal government activity to regulate quality of services.

This article may help in acquiring an understanding of existing services for Native Americans and general policy issues of serving cultural minority communities. It may be appropriate to recruit members of cultural minority communities as staff, board, and volunteers; to change agency training to reflect cultural competence; to change the philosophy to build on client strengths; and to encourage regulation or evaluation of service quality by cultural minority communities.

*Lewis, R.G. & Gingerich, W. (1980). Leadership characteristics: Views of Indian and non-Indian students. *Social Casework*, *61*(8), 494-497.

This research examined differences among Native American and other graduate social work students in identified characteristics and methods of choosing leaders. Although Native Americans in graduate school may be characterized as highly acculturated, their concepts of leadership are very different from that of white, middle class American culture. The authors recommend that social workers concentrate on being: (1) facilitators; (2) resource persons; (3) advocates, and (4) "experience givers." The research design might be applicable in defining the role best assumed by agencies wishing to serve minority populations.

Lewis, R.G. (1977). Tribal social welfare--A challenge to creativity. In Peirce, F.J. (Ed.), *Mental Health Services and Social Work Education with Native Americans* (pp. 25-33). Norman, OK: University of Oklahoma.

The author describes a problem within the human services profession, quoting Robert K. Merton: "Social agencies exist to serve human beings, clientele; but as agencies tended to assume lives of their own, the original goal of serving people was replaced by the goal of serving the agency as an end itself." The author believes that this situation has resulted in ineffective services to clients. He advocates for change in requiring social workers to function as advocates, planners, and community organizers, particularly as minority communities grow in strength and numbers. Agency changes may be needed to support changes in staff functions.

Lewis, R.G., & Ho, M.K. (1975). Social work with Native Americans. *Social Work*, *20*(5), 379-382.

This article examines certain characteristics of Native American culture and emphasizes skills helpful for working cross-culturally within this community. Specific cultural characteristics are identified, such as: the concept of sharing; the notion that

suffering must be endured to attain maturity; the idea that every person fulfills a purpose and non-interference with an individual's actions and values; and, the ways in which problems are handled within the family, village, or tribe. The author also lists some attributes helpful to workers in working cross-culturally: genuineness, respect of culture, concern or empathy for others' social welfare, and the ability to be unassuming and unobtrusive. Ultimately, the authors suggest that enhancing ability to work cross-culturally requires accepting the client's cultural values and developing knowledge and skills to facilitate understanding and empower Native American communities.

Lutz, F. (1980). The process of Native American influence on the education of Native American children. Paper presented at the Annual Meeting of the American Educational Research Association, Boston, MA, April 7-11.

The vast majority of Native American students are educated in public school districts controlled by locally-elected school boards. Native American influence in educational decisions was studied in two public school districts with sizable Native American populations and in one Native American-controlled school on the Coeur D'Alene Reservation in Idaho.

Although all schools wanted to solicit more parent and community involvement, the level of interest was not high. Findings indicated that the Native American community's influence on the public school board was determined by its direct relationship and interaction with officials in the district. Unless Native Americans were members of a school board or the tribal council, they had little influence on educational decision-making.

The author suggests a dual education process. If Native American parents are to influence the education of their children, they must become knowledgeable about influencing local school boards. Similarly, school boards need to learn methods for representing a multi-cultural community.

A social service agency with little minority representation in decision-making positions may find it difficult to assess needs of minority clients. The minority community may become empowered through greater control over education, as well as other services.

Manson, S.M. & Shore, J.H. (1981). Psychiatric epidemiological research among American Indians and Alaska Natives: Methodological issues. *White Cloud Journal*, *2*(2), 48-56.

Only three psychiatric epidemiological studies of American Indians have been conducted on a community-wide basis. Consequently, most estimates of patterns of disorder are derived from service utilization records, the sources of which are varied and limited in value. Such records, however, can serve as a guide to selectively focused research. One example is an ongoing study of depressive behaviors among two culturally distinct tribal communities. The methodological questions that have arisen require a different approach than those suggested in much of the literature. Thus, a

tentative psychiatric epidemiology research framework is outlined, the major components of which are community collaboration, sampling techniques, instrument development, and implementation. (Author's abstract)

This research design might be used to assess the need for services needed, types of service, and service delivery system for ethnic and cultural groups.

*McDiarmid, G.W. (1983). Community and competence: A study of an indigenous primary prevention organization in an Alaskan village. *White Cloud Journal*, *3*(1), 53-74.

This study examines the origins, structure, and function of a youth organization in a remote village in western Alaska. This study providing primary prevention provides a detailed description of one of the few indigenously-created organizations in American Indian and Alaska Native communities. The author found that the activities of Chevak Village Youth Association (CVYA) serve educational, social, recreational, economic, and community service functions. In the course of planning, organizing and performing events, village youth assume significant responsibility which contributes to their sense of competency and skill in locating and using resources. The activities sponsored by the organization are vital to the social and recreational life of the community, providing relief from stress and alternatives to substance abuse. While there is no evidence that the youth organization has actually reduced the incidence of mental health diseases or disorders, it is clear that the organization is important to the village in increasing the competency and sense of efficacy of the community as a whole. (Author's abstract summarized)

Indirect services may actually be highly effective in improving mental health. Local control of services may have a dramatic impact upon target populations; communities desiring to improve youth skills and responsibility may wish to adopt a similar model. Agency administrators may work with indigenous leaders to design a program that meets community needs and places the locus of control within the community.

Peters, R. (1981). Suicidal behavior among Native Americans: An annotated bibliography. *White Cloud Journal*, *2*(3), 9-20.

This annotated bibliography on suicidal behavior of Native Americans, Canadian Natives, and Alaska Natives includes 65 citations to articles published in scholarly journals or by the federal government, or presented at major conferences. The articles include anthropological, medical, and psychological approaches to suicidal behavior. Annotations include the design, results, and conclusions of studies, and brief statements about their limitations and usefulness. (Author's abstract summarized)

The bibliography does not describe program designs, but may be useful in documenting trends in literature and research concerning Native Americans' needs for service and determining appropriate service designs and methods.

Polk, S. (1987). Helping our children. *Children Today*, *16*(5), 19-20.

The author describes Ikaiyurluki Mikelnguut, a Child and Adolescent Service Systems Program funded through the Alaska State Mental Health program. This program was developed because itinerant mental health did not work for Native villagers in this community of Bethel, Alaska. Tribal councils chose two people from each village to be trained in mental health issues in Bethel. Agency staff and natural helpers consulted with the villages to identify and assess problems.

Red Horse, J.G. (1980). American Indian elders: Unifiers of Indian families. *Social Casework*, *61*(8), 490-493.

Elders play a central role in the daily activities of Native American family life. Social service providers must be aware of the Native American extended family structure so that programs will reflect this integration of generations and not isolate elders from children.

The author suggests that social service institutions consider family structure and processes to incorporate Native American values into programs serving these communities.

Runion, K. & Gregory Jr., H. (1983, 1984). Special populations: Training Native Americans to deliver mental health services to their own people. *Counselor Education and Supervision*, *23*(3), 225-233.

These authors describe a program to teach Native Americans to obtain needed resources and services from state agencies and programs; program development involved ten years of contact with tribal communities. Initial problems involved client access to physical and mental health services and lack of workers' awareness of the Native American client population. The tribes and professionals identified the need for cultural brokerage system, in which natural helpers would counsel within the community. A mental health director and anthropological, counseling, and linguistics specialists were to oversee the target communities and serve as a liaison with the state mental health department.

The method of intervention was cross-cultural parenting. The natural helper screening included reading and comprehension testing; participants were screened privately to avoid embarrassment. Bateson's model (1965) was used, in which culture is viewed as a decisionmaking mechanism to solve problems in the community. The participants used an Adlerian model of counseling, with emphasis on mutual respect and personal perception.

Ryan, R.A. (1980). A community perspective for mental health research. *Social Casework*, *61*(8), 507-511. Family Service Association of America.

Research on the mental health of Native American and Alaska Native people is intended to delineate areas that need improvement or change. The Native American community must be involved to provide meaningful, useful results. The results of

research must be communicated to the community by mental health personnel. (Author's abstract summarized)

The author states that research fails for five reasons: (1) irrelevance to program development and problem solving; (2) faulty communication between researchers and subjects; (3) inappropriate research methodology and instruments; (4) not reporting research findings to subjects; (5) and research conducted by individuals who fail to consider important cultural aspects of values, customs, and language. The author proposes a research model that is community-involved and includes applied action. Some aspects of this model are: extensive review of literature on the cultural community; extensive community involvement from the initiation of research; community identification of mental health problems; and careful personnel selection to assure inclusion of cultural factors.

*Sack, W.H., Beiser, M., Clarke, G., & Redshirt, R. (1985). *The High Achieving Sioux Indian Child: Some Preliminary Findings from the Flower of Two Soils Project.* Annual meeting of the American Academy of Child Psychiatry, October.

The object of the research described in this preliminary report was to determine the factors that helped Native American children succeed in school. The researchers used standardized achievement tests, cognitive ability measures, emotional functioning tests, assessments of ethnic identity, and assessments of biological, developmental, and social/family background. Preliminary results point to cultural barriers in testing.

The authors suggest that identifying and utilizing children's strengths may help them with their weaknesses. Designing programs to emphasize cultural strengths may meet with greater success.

Timpson, J. (1984). Indian mental health: Changes in the delivery of care in northwest Ontario. *Canadian Journal of Psychiatry, 29*(3), 234-241.

This article describes the problems confronting rural Native American communities and issues regarding service delivery by non-Natives. Psychiatrists had several meetings with tribal leaders and members to define mental health needs. Twelve local Native Americans were hired as counselors in their own communities, with tribal councils administering the programs.

This program appears to give autonomy to local Native American providers without unnecessary oversight.

VanDenBerg, J., & Minton, B.A. (1987). Alaska Native youth: A new approach to serving emotionally disturbed children and youth. *Children Today, 16*(5), 15-18.

Traditional program designs have a high rate of failure when target populations live in isolated cultural communities. Services provided by culturally and linguistically different counselors have not met the needs of Alaska Natives. Since Native American values and social structure are part of providing services, villages should determine the solutions rather than outsiders.

Culture Specific: Native American

This article describes an Alaska State Department of Mental Health program to serve Alaska Natives. Two projects are presented within the program: Ikaiyurluki Mikelnguut and the Noorvik and Kiana Project. The Ikaiyurluki Mikelnguut involves collaboration between the villages and a Bethel-based mental health program. The Noorvik and Kiana Project involves village meetings to identify concepts of mental health and methods for changing the delivery system. A local director and staff are chosen by elders, after potential leaders express interest. Local staff are trained in research, survey instrument design, and interviewing techniques by doctoral-level staff. Information is collected in Inupiaq and English to develop a plan for mental health services.

This unique state program may be of interest to administrators and planners, particularly in developing programs for communities in which conventional plans have failed.

Wilkinson, G.T. (1980). On assisting Indian people. *Social Casework, 61*(8), 451-454.

This article examines two primary issues that arise in providing services to Native Americans: (1) agencies created to address specific problems rather than community needs; and (2) disenfranchisement of individuals through a lack of local control over services. Dominant outsiders have attempted to control community life within minority cultures. The tribe or community is perceived as a self-help organization in which smaller groupings provide the basis for services.

The author suggests identifying community needs and locating and training indigenous providers to foster community growth and alleviate social problems. This approach involves identifying the cultural minority community, establishing relationships with natural leaders, expanding problem definition to include community issues, and working with the local population to develop community solutions.

SUBJECT INDEX

A

Acculturation, 17, 54, 60
Adolescence, 39, 58
Adoption, 60, 65
Advocacy, 9, 10, 18, 22, 24, 31, 49, 63, 66
Alcohol and Drug Abuse, 58
Anthropology, 5
Assessment, 6, 8, 20, 22, 32, 36, 43, 44
Assimilation, 15, 17, 22, 59

B

Barriers, 13, 49, 60
Biculturalism, 15, 49, 51, 54
Bilingual, 8, 9, 15, 22, 23, 24, 44, 49, 50, 51

C

Catchment areas, 17
Child welfare, 60, 62, 64, 65
Churches, 35
Class theory, 50, 64
Cognition, 24, 33
Collaboration, 8, 20, 61
Community
    based, 65
    control, 23, 59, 71
    development, 27, 38, 68
    education, 27
    involvement, 27, 28, 33, 36, 69, 70, 71
    support, 18, 21, 33, 67, 68, 70
Consensus, 61
Cooperation, 63
Coping, 16, 20, 31
Cross culture, 8, 16
Cultural
    barriers, 6, 34, 37, 39, 45, 62, 70
    competence, 21, 23, 52
    differences, 22, 44
    strengths, 13, 27, 32, 33, 38, 43, 45, 57, 60, 61, 62, 70
    values, 6, 27, 33, 44, 45, 52, 57, 63, 69, 70
Curriculum, 25

72

D

Day treatment, 39
Deficit models, 43
Delinquency, 14
Decisionmaking, 67
Demographics, 35
Developmental disabilities, 24, 62
Diagnosis, 11, 37, 43, 62
Disabilities, 21, 22
Discrimination, 26
Dropout issues, 25

E

Early intervention, 57
Education, 9, 18, 27, 57, 62, 67
Eligibility, 5
Emotional disorders, 8, 15, 62, 69
Empowerment, 20, 33, 59
Ethnicity, 14
Ethnocentrism, 7, 17, 59
Evaluation, 22, 24, 31, 36, 45, 64, 65
Extended family, 59, 69

F

Family
    networks, 37
    services, 14
    support, 33, 57
    system, 15, 16, 50, 69
Federal policy, 57, 59, 64
Feminism, 10
Foster care, 60, 65

G

Group work, 61

H

Health care, 5, 6, 8, 64
Help-seeking, 14, 22, 32, 33
History, 13, 39, 59
Homelessness, 10

I

Identity, 60
Individualized Education Plan (IEP), 63
Institutional change, 15, 16
Integrating services, 8, 45
Interpreters, 44
Intervention, 14, 22
Intra-group diversity, 32
Isolation, 43, 64

J

Jurisdiction, 65
Juvenile justice, 14

K

Kinship, 50

L

Leadership, 66
Learning
    disabilities, 8, 9, 23
    process, 60
Local control (see Community control)

M

Mainstreaming, 63
Measurement, 34
Mental health, 13, 14, 17, 19, 21, 25, 26, 27, 31, 32, 35, 37, 39, 43, 45, 49, 50, 51, 52, 54, 62, 65, 68, 69
Methodology, 67
Multi-cultural education, 18

N

Natural helpers, 33, 60, 61, 68, 69, 71
Needs assessment, 21, 36, 39, 49, 67
Network, 34, 59, 62
    therapy, 57

O

Outreach, 13

P

Paraprofessionals, 12
Parent, 67
  education, 21, 54, 62
  involvement, 8, 20, 27
  professional collaboration, 8, 53
Personality, 32
Physical disabilities, 62
Placement, 9, 23
Planning, 49
Pluralism, 7, 25
Policy, 9, 15, 27, 65
  development, 31, 34
Political process, 15
Poverty, 6, 31
Professional
  education, 16, 19, 24, 25, 59
  roles, 24
Program
  development, 28, 36, 38, 70
  evaluation, 5, 11
Provider training, 5, 59
Psychoeducation, 39
Psychology, 16, 53

R

Racial
  difference, 34
  pride, 36
Racism, 5, 16, 17, 32, 35, 59
Recruitment, 12
Referral, 62
Refugee, 6, 43
Religion, 33
Residential treatment, 8, 26
Rural issues, 26, 70

S

Self
  concept, 37
  determination, 10, 59
  help, 13, 18
Service delivery systems, 5, 17, 23, 25, 26, 27, 28, 34, 52, 64, 68, 71
Social
  change, 12, 13, 32, 59
  conditions, 7
  development, 21
  policies, 31
  support networks, 5, 10, 35, 38, 43, 50, 57, 70
  systems, 7
  work, 66

Socialization, 34
Socioeconomic status, 11, 32, 39, 51
Special education, 20, 63
Staff development, 15, 16, 22, 31, 65
Staffing, 15, 49
Strengths model, 10
Structural change, 10, 59
Support groups, 13, 18
Systems change, 17

T

Task groups, 61
Testing, 6, 9, 21, 27, 70
Training, 14, 15, 16, 19, 31, 51, 65
Translation, 44
Treatment, 26, 60, 62

U

Underutilization of services, 6, 11, 13, 21, 49, 52, 54
Urbanism, 38, 62
Utilization of services, 11, 13, 19, 25, 27, 32, 37, 49

V

Values, 10, 50, 60, 66

W

World view, 60

Y

Youth, 15, 24, 39, 69

AUTHOR INDEX

A

Alvarez, R., 52
Angrosino, M.V., 5
Anh, N.T., 43
Arce, C.H., 51
Arewa, B.D., 10
Attneave, C.L., 57

B

Barrera, M., 49
Basu, A., 5
Basu, R., 5
Beane, S., 57
Beiser, M., 70
Berlin, I.N., 57
Bestman, E.W., 19
Biegel, D.E., 5
Blumenthal, R., 52
Bobo, J.K., 58
Brown, D.R., 35
Brown, E.F., 59
Brown, P.A., 6
Butcher, J.N., 6

C

Cameron, J.D., 49
Campfens, H., 7
Carlos, M.L., 50
Carrasquillo, A., 8
Castro, F.G., 28
Charleston, S., 59
Chestang, L.W., 31
Chin, J.L., 43
Cingolani, W., 59
Clarke, G., 70
Cohen, Y., 8
Comer, J.P., 31
Conner, R.F., 8
Costantino, G., 52
Cotton, D.F., 32
Coyle, N., 60
Cross, T.L., 60, 64
Cummins, J., 8
Cvetkovich, G.T., 58

77

D

Dana, R.H., 60
Dawkins, M., 32
Dawkins, M.P.32
Dew, N.9

E

Edwards, E.D., 61
Edwards, M.E., 61
Ellsworth, C., 10
Espinosa, M., 54

F

Fields, S., 61, 62
First, R.J., 10
Fischler, R., 62
Flaskerud, J.H., 11, 43
Fleshman, C., 62
Flores-Ortiz, Y.G., 12
Foster, C.G., 63
Freed, A.O., 44

G

Gable, E., 63
Gallegos, J.S., 13
Gary, L.E., 32, 33, 35
Gaviria, M., 49
George, W., 28
Gilchrist, L.D., 58
Gingerich, W., 66
Goldman, P., 22
Good Tracks, J.G., 63
Gould, K.H., 44
Granado, L., 50
Gray, S.S., 33
Green, J.W., 14
Gregory, H., 59
Groves, J., 64

H

Hale, J., 33
Hammerschlag, C.A., 57, 64
Hartman, A., 33
Hawkins, J.D., 14
Hendricks, L.E., 34

75

Hepworth, D.H., 17
Higginbotham, H.N., 45
Hill, H., 31
Ho, M.K., 66
Hoffman, T., 60
Hooyman, N., 10
Hopps, J.G., 15
Hornby, R., 60

J

Jacobson, K., 15
Johnson, A.E., 34
Jones, D.M., 64

K

Khan, M.M., 5
Katz-Leavy, J., 15
Kaufmann, R., 15
Kautz, E., 16
Keefe, S.E., 50
Kenyatta, M.I., 16
Kessel, J., 65
Kesselman, M., 5
Korchin, S.J., 16
Kramer, B.M., 17
Kumabe, K.T., 17
Kurtz, L.F., 18

L

LaFramboise, T.D., 65
Laird, M., 18
Landurand, P.M., 22
Lee, R.H., 45
Lefley, H .P., 19
Levin, S., 24
Lewis, J., 57
Lewis, R.G., 66
Lourie, I.S., 15
Lutz, F., 67
Lynch, E.W., 20

M

Maldonado-Colon, E., 23
Malgady, R.G., 52
Maluccio, A.N., 20
Manson, S.M., 67
Marin, G., 54
Marion, R., 21
McDiarmid, G.W., 68
McDonald, T., 35

Medina, C., 50
Meinhardt, K., 21
Milburn, N.G., 35
Milliones, J., 36
Minton, B.A., 70
Moore, T., 22, 25
Munoz, J.A., 51

N

Nagata, D., 22
Naparstek, A.J., 5
Neal, J., 27
Nishida, C., 17
Nuttall, E.V., 22

O

Ortiz, A.A., 23
Ortiz, V., 51
Otero-Sabogal, R., 54
Owan, T.C., 23

P

Padilla, A.M., 50, 52
Perez-Stable, E.J., 54
Peters, R., 68
Plake, B.S., 65
Polk, S., 69
Powell, T.J., 18

R

Red Horse, J.G., 69
Redshirt, R., 70
Robbins, S.P., 65
Rogler, L.H., 52
Rosado, J.W., 53
Roth, D., 10
Rubenstein, J.S., 24
Rueda, R., 24
Ruff, R.A., 10
Ruiz, R.A., 52
Runion, K., 69
Ryan, R.A., 69

S

Saalberg, E.S., 33
Sabogal, F., 54
Sack, W.H., 70
Salisbury, B.R., 14
Sanders, D.S., 24, 25

Schinke, S.P., 58
Shore, J.H., 67
Slaughter, D.T., 36
Solomon, P., 37
Spurlock, J., 37
Stam, S.B., 10
Stein, R.C., 20
Stern, G., 49
Sue, S., 25, 26, 28

T

Talavera, E., 49
Taylor, R.L., 38
Terry, J.A., 32
Thomas, V.G., 35
Timpson, J., 70
Tolmach, J., 39
Tovey, R., 26
Trimble, J.E., 58
Tucker, J.H., 10

V

VanDenBerg, J., 70
Vanoss Marin, B., 54
Vega, W., 21

W

Weisberg, P.G., 27
Whatley, R., 22
Wilkinson, G.T., 71
Williams, D.H., 39
Windle, C., 27

Y

Yee, T.T., 45

Z

Zane, N., 28
Zepeda, M., 54
Zinn, H.K., 27

Issues in Culturally Competent Service Delivery
An Annotated Bibliography

EVALUATION FORM

1. Who used the annotated bibliography? (Check all that apply.)

   ___Parent ___Educator ___Child Welfare Worker

   ___Juvenile Justice Worker ___Mental Health Professional

   Other (Please Specify)_____

2. Please describe the purpose(s) for which you used the bibliography:

   _____

   _____

3. Would you recommend use of the annotated bibliography to others? (Circle one)

   Definitely Maybe Conditionally Under No Circumstances

   Comments:_____

4. Overall, I thought the bibliography was: (Circle one)

   Excellent Average Poor

   Comments:_____

5. Please offer suggestions for the improvement of subsequent editions of this annotated bibliography:

   _____

   _____

   _____

   _____

We appreciate your comments and suggestions. Your feedback will assist us in our effort to provide relevant and helpful materials. Thank you.

Please fold, staple and return this self-mailer to the address listed on the reverse side.

fold and staple

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO A75 PORTLAND, OREGON

POSTAGE WILL BE PAID BY ADDRESSEE

RESEARCH AND TRAINING CENTER
REGIONAL RESEARCH INSTITUTE FOR HUMAN SERVICES
PORTLAND STATE UNIVERSITY
P.O. BOX 751
PORTLAND, OR 97207